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IN THIS ISSUE

Summary of Current Prevalence of Communicable Diseases

Recovery of Poliomyelitis Virus in Institutional Outbreak

List of Officials of State and Insular Health Departments



FEDERAL SECURITY AGENCY
UNITED STATES PUBLIC HEALTH SERVICE

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Public Health Reports

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PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES

September 10–October 7, 1939

The accompanying table summarizes the prevalence of eight important communicable diseases, based on weekly telegraphic reports from State health departments. The reports from each State are published in the Public Health Reports under the section "Prevalence of disease." The table gives the number of cases of these diseases for the 4-week period ended October 7, 1939, the number reported for the corresponding period in 1938, and the median number for the years 1934–38.

DISEASES ABOVE MEDIAN PREVALENCE

Poliomyelitis.—For the 4 weeks ended October 7 there were 1,843 cases of poliomyelitis reported, as compared with 244, 2,615, and 1,027 cases for the corresponding period in 1938, 1937, and 1936, respectively. The current 4-week period contained the highest weekly incidence (501 cases, week ended September 16) during the recent rise of this disease, but by the end of the period (week ended October 7) the number of cases had dropped to the lowest weekly incidence (390 cases) in 7 weeks. A still further decline may now be expected.

Apparently every section of the country has felt the effects of the recent rise of this disease. In the South Atlantic region where the rise first appeared, the incidence is now about normal, and in the East South Central region the number of cases is also relatively low. All other regions reported very significant increases over the 1934–38 average incidence for this period. The largest number of cases was reported from the Middle Atlantic region, and all three of the States in that region contributed largely to the high incidence. In other regions individual States rather than the whole area seemed to be mostly responsible for the current excess incidence. States reporting the highest incidence during the current 4-week period are given in the following table:

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(1911)

	Cases		Cases
New York.....	430	Illinois.....	49
Michigan.....	210	Iowa.....	47
Minnesota.....	186	Ohio.....	42
California.....	174	New Mexico.....	40
Pennsylvania.....	155	Utah.....	30
New Jersey.....	93	Kentucky.....	30
Texas.....	49	Wisconsin.....	26
Colorado.....	49		

The year 1938 had the lowest incidence of poliomyelitis on record, and the present outbreak would be classed among the minor epidemics of this disease. In 1931, 1935, and 1937 there were more severe epidemics, with the cases for the period corresponding to the current one totaling 4,122, 2,528, and 2,615, respectively.

Smallpox.—The incidence of smallpox (125 cases) compared very favorably with the preceding 5-year average number of cases for this period. The highest incidence is still confined to States in the Central and Western regions. Except for a few occasional cases, the North and South Atlantic regions have been practically free of this disease. While the number of cases (9) in the South Atlantic region (7 of which occurred in West Virginia) is not high, it represents the highest incidence during this period in that region since 1931; the 1934–38 median figure is 1 case, and the 1932–38 average number for this period is only 3 cases.

Number of reported cases of 8 communicable diseases in the United States during the 4-week period Sept. 10–Oct. 7, 1939, the number for the corresponding period in 1938, and the median number of cases reported for the corresponding period 1934–38¹

Division	Current period	1938	5-year median	Current period	1938	5-year median	Current period	1938	5-year median	Current period	1938	5-year median
	Diphtheria			Influenza ²			Measles ³			Meningococcus meningitis		
United States ¹	2,296	3,309	3,309	1,835	2,653	1,955	2,128	3,033	3,031	103	113	212
New England.....	32	30	33	4	13	12	261	182	182	4	6	8
Middle Atlantic.....	113	154	200	34	59	58	281	389	523	17	28	44
East North Central.....	224	367	389	222	177	211	257	506	566	17	13	41
West North Central.....	113	228	228	53	117	148	141	397	189	9	10	17
South Atlantic.....	971	1,262	1,063	781	1,219	716	117	374	249	23	27	30
East South Central.....	431	616	616	115	265	156	88	121	121	11	18	25
West South Central.....	290	400	329	361	591	298	169	110	110	10	6	10
Mountain.....	64	106	75	187	136	82	160	274	208	9	4	6
Pacific.....	58	146	122	78	76	116	654	680	344	3	1	8
	Poliomyelitis			Scarlet fever			Smallpox			Typhoid and paratyphoid fever		
United States ¹	1,844	244	1,072	5,357	6,621	7,431	125	157	123	1,762	1,737	2,340
New England.....	47	11	21	215	256	382	0	0	0	31	38	44
Middle Atlantic.....	678	56	85	816	851	1,125	0	0	0	173	207	315
East North Central.....	342	54	280	1,576	2,148	2,312	35	25	26	379	238	380
West North Central.....	270	32	59	680	854	854	29	28	34	178	115	175
South Atlantic.....	78	32	83	790	839	849	9	1	1	273	357	525
East South Central.....	39	25	57	456	558	558	1	9	7	179	217	302
West South Central.....	65	11	20	181	341	212	14	9	9	385	341	368
Mountain.....	139	9	53	202	223	302	27	38	38	72	132	138
Pacific.....	186	14	109	441	521	521	10	47	22	92	92	92

¹ 48 States; Nevada is excluded and the District of Columbia is counted as a State in these reports.

² 44 States and New York City.

³ 47 States; Mississippi is not included.

DISEASES BELOW MEDIAN PREVALENCE

Diphtheria.—There were 2,296 cases of diphtheria reported for the 4 weeks ended October 7, as compared with 3,309, 2,849, and 2,248 cases for the corresponding period in 1938, 1937, and 1936, respectively. In the New England and Mountain regions the incidence stood at about the normal seasonal level, but all other regions reported significant decreases from the preceding 5-year average incidence.

Influenza.—The number of cases (1,835) of influenza reported for this period was relatively low. The East North Central, South Atlantic, West South Central, and Mountain regions reported slight excesses over the average seasonal incidence in those regions, but in other sections of the country the incidence was comparatively low.

Measles.—The incidence of measles was relatively low, the reported cases for the current period numbering 2,128, which was about 70 percent of the 1934-38 median figure for this period. The New England, West South Central, and Pacific regions reported more cases than might normally be expected, but in all other regions the incidence was below the average incidence for this period.

Meningococcus meningitis.—Reports indicate that this disease maintained a relatively low level. For the current 4-week period there were 103 cases reported, as compared with 113, 212, and 237 cases for the corresponding period in 1938, 1937, and 1936, respectively. Only one region, the Mountain, reported an excess of cases over the preceding 5-year average number for this period. The West South Central reported the average incidence but in all other regions the incidence was relatively low.

Scarlet fever.—Each section of the country contributed to the favorable situation of this disease that now exists. For the country as a whole there were 5,407 cases reported, which was about 80 percent of the number reported for the corresponding period in 1938, and about 70 percent of the 1934-38 median figure for this period. The most significant decrease was reported from the East North Central region—approximately 700 cases less than the average seasonal incidence.

Typhoid fever.—The number of cases (1,762) of typhoid fever reported for the current period was slightly higher than the number recorded for the corresponding period in 1938, but it was only about 75 percent of the preceding 5-year average number recorded for this period. The West South Central region alone reported an increase over the average seasonal incidence. In the North Central and Pacific regions the incidence was about normal, while each of the other 5 geographic regions reported a relatively low incidence.

MORTALITY, ALL CAUSES

The average mortality rate from all causes in large cities for the 4 weeks ended October 7, based on data received from the Bureau of the Census, was 10.1 per 1,000 inhabitants (annual basis). The average rate for the corresponding period in the 5 preceding years was also 10.1.

RECOVERY OF THE VIRUS OF POLIOMYELITIS FROM THE STOOLS OF HEALTHY CONTACTS IN AN INSTITUTIONAL OUTBREAK^{1 2}

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Since the times of Caverly, and more particularly of Wickman, a large mass of circumstantial evidence has been accumulated in support of the view that the poliomyelitis virus is widely distributed. These data are fairly consistent with the inference that in only a portion of those infected does the infection reach the level of clinical recognition.

Sufficient epidemiological and experimental evidence has been accumulated to suggest further the contact mode of transmission of the virus. Although this concept has been generally accepted by most workers in the field, various animals and insects have from time to time continued to be suggested as intermediary hosts or vectors.

The virus of poliomyelitis has been recovered from the upper respiratory and gastro-intestinal tracts of frank cases of the disease and from convalescents (1) with sufficient frequency to establish the fact that the virus may find egress from the human body through these channels. The virus has furthermore been recovered from the upper respiratory tract in instances of minor illnesses (2) associated with frank cases of the disease.

There has been, however, little effort expended to recover the virus from apparently healthy children and adults. Only three well-defined instances of such successful attempts have been recorded in the literature (3). Inasmuch as in outbreaks of poliomyelitis, carefully studied epidemiologically, only 20 to 30 percent of cases give evidence of prior direct or indirect association with cases and suspected cases of the disease, the virus is obviously spread from concealed sources. If these sources are human, and if transfer of infection is by human contact, then the concealed sources—which might be either mild illnesses or healthy carriers—must either outnumber

¹ From the laboratory of the Michigan Department of Health, the National Institute of Health, Washington, D. C., and the Detroit Department of Health.

² This work is supported by the National Foundation for Infantile Paralysis, Inc., and the Michigan Department of Health.

clinically recognizable cases, or must in some other manner be more effective in spreading infection than the definite cases.

With these considerations in mind, an epidemic in the Jewish Children's Home in Detroit was selected for study in an attempt to isolate virus from well persons. At the time of this outbreak, 34 children were cared for in the Home. Fourteen of these were of school age (5 to 16 years) and were permitted considerable freedom of movement within the Home and in its immediate neighborhood. The remaining 20 children were of infant and preschool ages and were kept in an entirely separate wing of the institution and had no direct contact with the older group, except as will be mentioned subsequently. In addition to the regular residents of the Home, approximately 250 neighborhood children used its facilities as a summer recreational center. These children had free association with the older children of the Home, but none with the infant and preschool group, except as will be mentioned later.

The chief circumstances which made this institution suitable for a search for virus among the well children were: (1) The high attack rate of clinical poliomyelitis among the preschool children, (2) the intimate association of these children within the Home (which was much closer than their contact with children outside the institution), and (3) the fact that they were under the continuous clinical supervision of a graduate nurse and a third-year medical student, and the almost daily observation of a pediatrician. It was felt that if the virus is often present in the human without any clinical manifestations, it might be recovered from the well persons in this institution.

Table 1 gives the ages and sexes of the infant and preschool group and of certain adult contacts which formed the major group studied, together with certain other data to be discussed later. It will be noted that the youngest infant was 2 months old and that 6 children were under 1 year of age. There were 5 between 1 and 2 years and 9 between 2 and 5 years. Males comprised 14 of the 20 children.

Between August 1 and August 8, 1939, five cases of poliomyelitis, one fatal and the others nonparalytic, developed in this group. These children were all hospitalized at the Herman Keifer Hospital and a diagnosis of poliomyelitis was established in all five patients from typical history, signs and symptoms, and spinal fluid findings. Three additional children, for whom no definite diagnosis could be established, had fever of 24 to 48 hours' duration. Table 1 includes a brief summarization of these cases.

TABLE 1.—A group of 15 children and 8 adults exposed to 5 frank cases of poliomyelitis

Name	Age ¹	Sex	Illness		First stool		Second stool	
			Nature	Date, 1939	Date, 1939	Result in monkey	Date, 1939	Result in monkey
A. P.	2 mo.	M	None		Aug. 11	Died, dysentery, Aug. 19 ¹		
F. G.	4 mo.	M	None		Aug. 11	Polio (3) ²		
P. G.	5 mo.	F	None		Aug. 11	Died, tuberculosis, Aug. 14 ¹		
B. M.	5 mo.	F	None		Aug. 11	Polio (4)		
D. G.	6 mo.	M	None		Aug. 11	Polio (4)		
S. M.	1 yr.	M	Minor	Aug. 4 to Aug. 5	Aug. 10	Polio (3) ²	Aug. 30	Polio (2) ³
S. F.	1 yr.	M	Minor	Aug. 9 to Aug. 10	Aug. 11	Polio (2) ³	Aug. 29	Polio (2) ³
R. M. G.	16 mo.	F	Nonparalytic polio	Aug. 7 to Aug. 14	Aug. 11	Polio (2) ³	Aug. 27	Negative
R. C.	20 mo.	M	Minor	Aug. 3	Aug. 11	Negative		
R. C.	21 mo.	M	None		Aug. 11	Negative		
F. H.	21 mo.	F	Nonparalytic polio	Aug. 8 to Aug. 13	Aug. 11	Negative ⁴	Aug. 29	Negative
M. G.	2 yr.	M	None		Aug. 11	Negative		
M. O.	2 yr.	M	None		Aug. 11	Negative		(6)
D. H.	3 yr.	F	None		Aug. 11	Died peritonitis, Aug. 14 ¹		
M. O.	3 yr.	F	None		Aug. 11	Negative		
J. K.	3 yr.	M	Nonparalytic polio	Aug. 8 to Aug. 12	Aug. 11	Negative		
C. Z.	3 yr.	M	Nonparalytic polio	Aug. 1 to Aug. 9	Aug. 11	Negative		(6)
S. R.	3 yr.	M	Fatal polio	Aug. 3 to Aug. 8	Aug. 11	Negative		(6)
R. H.	4 yr.	M	None		Aug. 11	Negative		(6)
E. S.	4 yr.	M	None		Aug. 11	Died, peritonitis, Aug. 14 ¹		
R. S.	14 yr.	F	None		Aug. 19	Negative ⁴		
M. S.	24 yr.	M	Minor	Aug. 10 to Aug. 12	Aug. 19	Negative		
R. W.	24 yr.	F	None		Aug. 10	Negative ⁴	Aug. 25	Negative
E. R.	25 yr.	F	None		Aug. 12	Negative		
L. S.	25 yr.	F	Minor	Aug. 14 to Aug. 19	Aug. 11	Negative ⁴		
C. O.	28 yr.	F	None		Aug. 11	Polio (2) ³	Aug. 25	Negative
S. F.	30 yr.	F	None		Aug. 12	Negative ⁴		
N. F.	41 yr.	M	None		Aug. 11	Negative		
N. F.	45 yr.	F	None		Aug. 11	Negative		

¹ Age attained on Aug. 1, 1939. The dates of birth for the children from whom virus was recovered are as follows: F. G., Mar. 14, 1939; B. M., Feb. 17, 1939; D. G., Jan. 7, 1939; S. M., Aug. 3, 1938; and S. F., July 13, 1933.

² This is one of the 12 stools which were treated with ether for only 24 hours. All other stools were ether-treated for longer periods, as mentioned on p. 1919.

³ Numeral refers to number of successful monkey passages.

⁴ Stools were not taken from the cases clinically poliomyelitis.

⁵ Tonsil- and adenoidectomies: July 12—S. R. and R. R.; July 18—E. S. and D. H.; July 21—C. Z. and F. H.

Investigation of the circumstances under which contact might have occurred in the Home developed the following points of interest.

1. After July 23 the only contacts had by the group of infants and preschool children within the Home were with 17 adult attendants, 9 of whom were present daily and 8 of whom were present from 1 to 3 times a week. One child had been traveling with his mother by automobile in New York State from July 2 to 23. This child developed poliomyelitis on August 8.

2. Only one adult attendant was known to have had any association with poliomyelitis outside of the institution. This man (M. S.), a third-year medical student in temporary charge of the institution, had played ping-pong during the first week in July with an adult who developed fatal poliomyelitis on July 20. (Poliomyelitis virus was not recovered from the stool collected from M. S. on August 10.)

3. The preschool group played daily in a small playground enclosed by a wire fence, which in turn was surrounded by a large playground used by the older children in the Home. The latter was used also by neighborhood children, and by approximately 250 children who, during the summer months, used the facilities of the Home as a recreational center. Play between the older and younger children was forbidden, but on a number of occasions members of the two groups were observed to pass candy and other materials through the fence, and older children occasionally came in to use the preschool children's swings.

4. There were 4 cases of poliomyelitis reported within a radius of about 5 blocks of the Home. The dates of onset of illness in these cases were July 23, August 8, 12, and 17. A survey of 137 homes, selected at random in the same area, revealed cases of suspicious illnesses having onsets early in August but no other cases which could be definitely called poliomyelitis. Some of these children and members of their families played on the Jewish Children's Home playground. There were no cases of poliomyelitis reported in the 14 older children (5 to 16 years of age) at the Home, nor in the children who were registered in the summer recreational center.

5. Contact within the Home, among the infant and preschool group, was intimate. While sleeping and recreational space was more than ample, the contact was of the character expected in children of these ages. The infants were less exposed to the other members of the group than were the preschool children, but nevertheless they were intimately exposed through direct personal contact.

6. Only two of the adult attendants had any illness of any character during the period of the epidemic. One of these was M. S., the 24-year-old medical student, who from August 10 to 13 had a headache and vague pains in the neck and shoulder but no fever. The night nurse, L. S., a 28-year-old woman, had headache, diarrhea, nausea, and vomiting from August 14 to 19. Virus was not recovered from

stool specimens collected from M. S. on August 10 nor from L. S. on August 26.

7. All of the milk used in the institution came from one dairy, but that used on the infant and preschool side came in quart bottles, while that for the older children and adults was delivered in 5-gallon tins. Three infants (A. P., F. G., and P. G.) were fed canned or powdered milk only. (Virus was recovered from the stool of F. G.)

8. Between July 12 and 21 (see note, table 1), six of the preschool group had tonsil- and adenoidectomies performed. Three of the five cases of clinical poliomyelitis, including the fatal case, occurred in this group. The other three children with recent tonsil- and adenoidectomies failed to acquire the disease (4).

9. It is of interest to note that with few exceptions the infant and preschool groups were admitted to the Home from 2 weeks to 3 months after birth and thus spent nearly their entire lives in the institution.

10. In this outbreak of poliomyelitis, 5 of the 20 children developed the disease over a period of 1 week. By analogy, and as an illustration of epidemiological significance, it should be noted that in November 1938, chickenpox was introduced into the infant and preschool group. During a period of 38 days, all of the 16 children who then comprised this group developed the disease.

EXPERIMENTAL

Stools were obtained from the 15 remaining healthy infants and children of the preschool group. In addition, stools from 8 adults, who were in more or less intimate contact with the children, were also collected. The 8 adults included the day nurse (C. C.) and the third-year medical student (M. S.) immediately in charge of the group, both of whom were daily in intimate contact with all of the children. The remaining adults had less intimate and less continuous contact than did the doctor and nurse. Virus was recovered from the stools of 5 children and 1 adult. The stools of 2 of these children, collected 19 days later, again yielded the virus (secondary strains).

Collection and treatment of stools.—Five to thirty-five grams of stool were collected in sterile containers, promptly cooled, and transported in chilled thermos jugs to the laboratory within 24 to 48 hours.

Five to twenty grams (depending upon the quantity available) of each stool were weighed out, placed in a mortar, and thoroughly triturated as sterile distilled water was added. The ratio of stool to added water was 1 to 5. The macerated diluted feces was transferred to either large, heavy-walled test tubes or 250 cc. centrifuge bottles. These were tightly stoppered with sterile rubber stoppers, placed in a shaking machine, and shaken vigorously for 20 minutes. The containers were then balanced up in centrifuge cups and centrifuged for 15 minutes at about 1,500 r.p.m. Up to 60 cc. of the supernatant was

aspirated by suction into 100 cc. sterile glass-stoppered cylinders; several cubic centimeters of the supernatant were transferred to sterile test tubes to be used for intranasal instillations. To each of the cylinders containing the supernatant, 25 to 35 percent by volume of Squibb's White Label anesthetic ether was added and vigorously shaken for about 5 minutes, the stoppers partially removed to release ether pressure, restoppered, and all cylinders placed in the ice chest.

The first 12 specimens of stools investigated were treated in a somewhat different fashion from the specimens of stools received at a later date. No attempt was made to remove the ether from, or reduce the volume of, these 12 specimens. After 24 hours of treatment with ether the middle layers of these first 12 specimens were aspirated by suction and immediately inoculated into healthy animals by the method described below. The later specimens were permitted to stay in contact with ether in the ice box for at least another 24 hours, when small portions of the middle layer were aspirated for culture on blood plates. The following morning the blood plates were examined and gram stains were done on representative colonies. If more than 3 or 4 colonies appeared on any of the plates, the cylinder containing the corresponding feces was again cultured on blood plates and replaced in the ice chest until the following morning. Forty-eight to seventy-two hours were usually found sufficient to yield sterile plates or reduce the colonies to less than 3 per plate.

Removal of ether and concentration (applied to the later specimens of stool).—The relatively clear middle layer from each cylinder was transferred by suction into a 250 cc. centrifuge bottle and stoppered with a rubber stopper. The contents of each bottle was frozen in a thin layer in the lower half of the wall of the bottle. The freezing mixture employed was methyl cellosolve and dry ice. The solid-rubber stopper was then replaced with a sterile single-hole stopper containing a short piece of glass tubing and the bottle attached to a Mudd-Flosdorf lyophile apparatus. Desiccation of the material in the frozen state was carried on for about 4 or 5 hours. This was usually sufficient to remove essentially all the ether and reduced the volume by one-fifth to one-half. The bottles were then detached from the desiccating apparatus, stoppered with sterile, solid-rubber stoppers, and the frozen material permitted to melt. When completely melted, several loopfuls were removed from each bottle for culture on a blood plate, and the remainder inoculated into a healthy monkey.

Animal inoculation.—Healthy rhesus monkeys were used. The untreated supernatant from the centrifuged stool suspensions was used for intranasal instillations (1 cc. instilled into each nostril). This was done within 24 hours of the time the supernatant was

obtained. The ether-treated supernatants, both unconcentrated and concentrated, varying in amounts from 10 to 25 cc., were injected directly into the peritoneal cavities through punctures in the shaved, iodinated, lower left quadrants of the abdomens.

Observation of the animals.—Rectal temperatures were taken twice daily and the animals exercised daily and closely observed for any deviation from their normal activity. When an animal showed an elevation in temperature, a lumbar or cistern tap was usually performed. With the appearance of temperature and partial (but definite) or complete paralysis of an extremity, the animal was sacrificed, sections of the cord removed for histological study, and 10 to 20 percent suspension of the cord immediately inoculated into a second monkey. A few of the animals which developed paralysis failed to show the characteristic temperature response. Inoculation into the second monkey generally followed the same pattern as that used for the first inoculation except that the intracerebral route was also used. One cc. of the cord suspension was instilled into each nostril for one or more consecutive days; 2 cc. were inoculated into the left or right frontal lobes, and 5 to 10 cc. were inoculated intraperitoneally into the lower left quadrant. These animals were similarly observed and lumbar taps performed when the animals showed an elevation of temperature; they were sacrificed when they showed partial or complete paralysis of one or more extremities.

Third, fourth, and fifth passages were carried out in three of the six recovered strains. Histological studies were made of all cords of animals sacrificed. Undiluted 5 or 10 percent suspensions of each of the strain cords were inoculated intracerebrally into six mice and two guinea pigs (0.03 cc. into mice and 0.3 cc. into guinea pigs).

Results.—The accompanying table shows the outcome of the experiments. Of the 23 stools received, 4 were lost when the animals died shortly after inoculation from causes other than poliomyelitis. All of these 4 animals had been inoculated with material from the first group of 12 stools which had been treated with ether for 24 hours only. Two of these animals died of peritonitis, 1 from dysentery, and the fourth died of a generalized tuberculosis.

The first two primary strains (first stool specimens) recovered came from two children who had had brief illnesses with indefinite symptoms, and were undiagnosed. The first child (S. F.) was a 1-year-old infant who showed an elevation of temperature on the 9th of August. The child appeared playful and his appetite was good. On the 10th of August the temperature was still 102° F. and returned to normal on the 11th. The second child (S. M.) was a 1-year-old infant who was sick for 1 day (August 4), 6 days before the stool specimen was obtained. Except for a slight sore throat and an elevation of temperature to 103° F. the child appeared quite normal. Of

the four remaining primary strains, three came from healthy infants (D. G., 7 months; F. G., 4 months; B. M., 5 months) who showed no evidence of illness or elevation of temperature during the period of observation (approximately 3 months). The sixth primary strain came from the stool of the day nurse (C. C.) in charge of the children and who had had no illness during the period of observation. Of the eight adults investigated in this study this nurse was unquestionably in the most intimate contact with all of the infants and preschool children.

All of the six primary strains have been passed through at least a second monkey and have presented the histological picture of experimental poliomyelitis. Three of the strains have already been subjected to fourth passages, yielding typical clinical and histological experimental poliomyelitis. The most virulent of the six recovered primary strains, and the one which has resulted in a type of poliomyelitis more typical of the experimental disease, as when stock virus is employed, came from contact D. G. The incubation period of this strain was relatively brief (9, 6, 6, and 7 days, respectively) and yielded more extensive paralysis than any of the other strains. None of the strains have given rise to illness in the inoculated mice or guinea pigs.

Second stools were obtained from four of the six healthy contacts (S. F., S. M., C. C., and D. G.; see table) from 2 to 3 weeks after the first stool. Two of these four (S. M. and D. F.) have resulted in clinical and histological poliomyelitis in the second passage, suggesting that these two children had continued to be active carriers for at least the interval between the stool collections (19 days).

The stools from three additional children (M. C., R. C., and B. J.) yielded what appeared to be poliomyelitis in animals in the first passage, but attempts to transmit the disease to a second animal were unsuccessful.

SUMMARY

In a section of a small institution, comprising 20 infants and preschool children from 2 months to 5 years of age, 1 fatal and 4 non-paralytic cases of poliomyelitis occurred. The clinical observation of all the children in the Home was excellent and included the routine recording of temperature twice daily.

Poliomyelitis virus was recovered from the stools of 3 out of 12 healthy children, contacts of these cases, and from an additional 2 out of 3 children who had had fever of 24 to 48 hours' duration. Thus, including the 5 clinical infections, which, however, were not examined for virus, 10 of the 20 children harbored poliomyelitis virus at some time in the 30-day period of August 1 to 30.

Virus was also recovered from the stool from one healthy adult out of specimens secured from eight adult attendants of the children. This individual, the day nurse in charge of the infant and preschool group, was undoubtedly more continuously and intimately associated with them than was any other adult.

In two children virus was again recovered from stools taken 19 days after the first positive stools were obtained from them. Thus, counting from the date of onset of the first case (August 1) to the date of collection of the last positive stool (August 30), the minimum limit in time in which the virus might have been present in some member of the group was 30 days.

It is noted that no case of poliomyelitis occurred in the children under 1 year of age, but that stools from three of five children in this group yielded virus.

Three of the five cases of poliomyelitis, including the one terminating fatally, were in children with recent tonsillectomies and adenoidectomies. There were, however, three other children with recent tonsillectomies and adenoidectomies who failed to acquire the disease in this heavily infected focus.

The facts developed in this institutional outbreak are consistent with a theory of transfer of infection by direct personal contact. Although they do not constitute conclusive proof of this, or of any other mode of spread, they do offer corroborative evidence of the concept that the virus of poliomyelitis is usually spread throughout the general population by the agency of healthy carriers.

ACKNOWLEDGMENT

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DIRECTORY OF STATE AND INSULAR HEALTH AUTHORITIES, JULY 1, 1939

In former years the Directory of State and Insular Health Authorities included whatever personnel were listed by each State or Territorial health officer at the time the information was collected for publication in the Public Health Reports. The Directory also included data as to appropriations and publications.

In the present directory only the personnel holding major administrative posts are listed, i. e., chiefs of departments, divisions, and bureaus, as well as all directors of special activities or functions. Members of the Board of Health, other than the health officer, are not included.

The information has been collected from the respective State and Insular health officers as of July 1, 1939. Where an officer has been reported to be a part-time employee, that fact is indicated by an asterisk (*). All periodicals and regular publications that were reported are included, but financial data are omitted.

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Veneral Disease Control, Division of:	
W. H. Y. Smith, M. D., M. P. H., chief clinician.	
Vital Statistics, Bureau of:	
L. V. Phelps, B. S. in P. H., director and State registrar.	
Publications:	
Vital Statistics Bulletin—monthly.	
Report of Bureau of Vital Statistics—yearly.	
Report of State Board of Health—yearly.	

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Public Health Laboratories, Division of:	
Warren C. Eveland, M. S. P. H., director.	

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B. S. in S. E., C. E., chief engineer.

Vital Statistics:

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Publications:

Arizona Public Health News—monthly.

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Weekly Bulletin.

Biennial Report.

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Publications:

Bulletin, State Board of Health—bimonthly.

Bulletin, Division of Public Health Nurses—monthly.

Annual Report.

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 Publications:
 Weekly Health Bulletin.
 Connecticut Health Bulletin—monthly.
 Annual Report of the State Department of Health.
 Annual Vital Statistics Report.

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 Delaware Health News—quarterly.
 Morbidity Report—weekly.

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 Annual Report of Health Officer.
 Monthly statement of average grade of milk and ice cream sold.

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 Publications:
 Health Notes—monthly.
 Florida State Board of Health Annual Report.

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Georgia's Health—monthly.

Annual Report.

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Publications:

Annual Report Board of Health, Territory of

Hawaii.

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Public Welfare in Idaho—monthly.

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Publications:

Illinois Health Messenger—biweekly.

Communicable Disease Cases, Statistics by

Cities—weekly.

Communicable Disease Cases, Statistics by

Counties—biweekly.

Digester (sewage)—quarterly.

Over the Spillway (water)—quarterly.

Time—Temperature (milk)—quarterly.

The Ole Swimming Hole—quarterly.

Department Report—yearly.

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 Monthly Bulletin.
 Health Officers Digest—bimonthly.
 Echoes—Public Health Nursing Bulletin—quarterly.

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 Weekly Health Message.
 Public Health Bulletin—quarterly.
 Special bulletins.
 Biennial reports.

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Publications:
 Morbidity Report—weekly.
 Kansas Health—weekly.
 Radio releases—biweekly.
 News Letter—monthly.
 Kansas Accidental Deaths—yearly.
 School Accident Report—yearly.
 Motor Vehicle Report—yearly.
 Biennial Report of Department.

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Publications:
 Service Sifter (news items)—monthly.
 Bulletin, State Department of Health—monthly.
 Report County Health Work—yearly.
 Vital Statistics Bulletin—yearly.

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Vital Statistics, Bureau of:

*P. A. Kibbe, M. D., director.

Publications:

Morbidity Report—twice weekly.

Quarterly Report.

Biennial Report.

MAINE DEPARTMENT OF HEALTH AND WELFARE—BUREAU OF HEALTH

Augusta

Director:

Roscoe L. Mitchell, M. D.

Communicable Diseases, Division of:

Roscoe L. Mitchell, M. D., director.

Crippled Children, Division of:

Herbert R. Kobes, M. D., director.

Dental Health, Division of:

Philip W. Woods, D. D. S., director.

Diagnostic Laboratories, Division of:

Arch H. Morrell, M. D., director.

Maternal and Child Health, Division of:

Robert E. Jewett, M. D., director.

Public Health Nursing, Division of:

Edith L. Soule, R. N., director.

Sanitary Engineering, Division of:

Elmer W. Campbell, D. P. H., director.

Social Hygiene, Division of:

Roscoe L. Mitchell, M. D., director.

Vital Statistics, Division of:

Parker B. Stinson, B. A., director.

Publications:

Vital Statistics Report—yearly.

MARYLAND DEPARTMENT OF HEALTH

Baltimore

Director:

Robert H. Riley, M. D., D. P. H.

Bacteriology, Bureau of:

C. A. Perry, Sc. D., chief.

Chemistry, Bureau of:

William F. Reindollar, Sc. D., chief.

Child Hygiene, Bureau of:

J. H. Mason Knox, Jr., M. D., chief.

Communicable Diseases and Services for Crippled

Children, Bureau of:

C. H. Halliday, M. D., chief and epidemiologist.

Food and Drug Commissioner:

A. L. Sullivan, B. S.

Legal Administration, Division of:

J. Davis Donovan, LL. B., chief.

Oral Hygiene, Division of:

Richard C. Leonard, D. D. S., chief.

Personnel and Accounts, Division of:

*Walter N. Kirkman, chief.

Public Health Education, Division of:

Gertrude B. Knipp, B. A., chief.

Sanitary Engineering, Bureau of:

George L. Hall, B. S., chief.

Vital Statistics, Bureau of:

A. W. Hedrich, Sc. D., chief.

Publications:

Annual Report.

Weekly News Letter.

Monthly Bulletin.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Boston

State Commissioner:

Paul J. Jakmauh, M. D.

Administration, Division of:

Paul J. Jakmauh, M. D., director.

*Edward G. Huber, M. D., assistant director,

Public Health Administration.

Adult Hygiene, Division of:

Herbert L. Lombard, M. D., director.

Bacteriological Laboratory:

Edith A. Becker, B. S., chief.

Biologic Laboratories, Division of:

Elliott S. Robinson, M. D., director and pathologist.

Child Hygiene, Division of:

M. Luise Diez, M. D., director.

Communicable Diseases, Division of:

Roy F. Feemster, M. D., director.

Crippled Children, Clinics for:

Paul Wakefield, M. D., supervisor.

Food and Drugs, Division of:

Hermann C. Lythgoe, B. S., director and analyst.

Genitoinfectious Diseases, Division of:

Nels A. Nelson, M. D., director.

Sanitary Engineering, Division of:

Arthur D. Weston, C. E., director and chief engineer.

Tuberculosis, Division of:

Alton S. Pope, M. D., director.

Wassermann Laboratory:

*William A. Hinton, M. D., chief.

Publications:

The Commonwealth—quarterly.

News Letter to Boards of Health—bimonthly.

Bulletin of Genitoinfectious Diseases—monthly.

MICHIGAN DEPARTMENT OF HEALTH**Lansing****Commissioner:**

H. Allen Moyer.
Education, Bureau of:
 Marjorie Delavan, director.
Engineering, Bureau of:
 E. D. Rich, C. E., director.
Epidemiology, Bureau of:
 A. W. Newitt, M. D., director.
Finance, Bureau of:
 Arnold J. Kirch, M. A., director.
Industrial Hygiene, Bureau of:
 Kenneth E. Markuson, M. D., director.
Laboratories, Bureau of:
 C. C. Young, D. P. H., director.
Local Health Service, Bureau of:
 Albert McCown, M. D., C. P. H., deputy commissioner in charge.

Maternal and Child Health, Bureau of:

Lillian R. Smith, M. D., director.
Pneumonia, Division of:
 A. B. Mitchell, M. D., director.
Public Health Dentistry, Bureau of:
 W. R. Davis, D. D. S., director.
Public Health Nursing, Bureau of:
 Helen Bean, R. N., M. A., director.
Records and Statistics, Bureau of:
 Stuart T. Friant, director.
Venereal Diseases, Division of:
 T. E. Gibson, M. D., director.
Publications:
 Michigan Public Health—monthly.
 Annual Report.
 Statistical Report of Communicable Diseases—weekly.

MINNESOTA DEPARTMENT OF HEALTH**St. Paul****Secretary and Executive Officer:**

A. J. Chesley, M. D.
Administration, Division of:
 O. C. Pierson, director.
Birth and Death Records and Vital Statistics, Division of:
 Gerda C. Pierson, director.
Child Hygiene, Division of:
 Viktor O. Wilson, M. D., C. P. H., director.
Dental Health Education:
 Vern D. Irwin, D. D. S., superintendent.
Hotel Inspection, Division of:
 Theo. T. Wold, director.
Laboratories:
 Lucy S. Heathman, Ph. D., M. D., assistant director and chief.

Local Health Services:

R. N. Barr, M. D., C. P. H., director.
Public Health Education:
 Donald A. Dukelow, M. D., M. S., educational director.
Public Health Nursing, Division of:
 Olivia T. Peterson, R. N., director.
Preventable Diseases, Division of:
 O. McDaniel, M. D., director.
Sanitation, Division of:
 H. A. Whittaker, B. A., director.
Venereal Disease Control:
 Ralph R. Sullivan, M. D., assistant director.

MISSISSIPPI STATE BOARD OF HEALTH**Jackson****Executive Officer and Secretary:**

Felix J. Underwood, M. D., F. A. C. P.
 R. N. Whitfield, M. D., assistant secretary.
County Health Work:
 J. A. Milne, M. D., M. P. H., director.
Field Organizer:
 Q. Edward Gatlin.
Field Unit:
 H. B. Cottrell, M. D., C. P. H., supervisor.
Health Education:
 J. A. Milne, M. D., M. P. H., acting supervisor.
 Eleanor Hassell, assistant supervisor.
Industrial Hygiene and Factory Inspection:
 J. W. Dugger, M. D., director.
Laboratories:
 H. C. Ricks, M. D., director.
Librarian:
 Louise Williams.
Malaria Control:
 George E. Riley, M. D., C. P. H., supervisor.
Maternal and Child Health:
 J. A. Milne, M. D., M. P. H., acting director.

Milk Sanitation:

N. M. Parker, D. V. M., supervisor.
Mouth Hygiene:
 Gladys Eyrich, B. L., supervisor.
Preventable Disease Control:
 A. L. Gray, M. D., M. P. H., director.
Public Health Engineering:
 H. A. Kroeze, C. E., director.
Public Health Nursing:
 Mary D. Osborne, R. N., supervisor.
Tuberculosis Diagnostic Unit:
 D. L. Anderson, M. D., supervisor.
 Wm. D. Hickerson, M. D., supervisor.
Tuberculosis State Sanatorium:
 Henry Boswell, M. D., F. A. C. P., director.
Venereal Disease Control:
 D. V. Galloway, M. D., M. P. H., supervisor.
Vital Statistics:
 R. N. Whitfield, M. D., director.
Publications:
 Biennial Report.
 Health pamphlets—intervals.

MISSOURI STATE BOARD OF HEALTH**Jefferson City****State Health Commissioner:**

H. F. Parker, M. D.
 John W. Williams, Jr., M. D., C. P. H., assistant.
Business Administration:
 W. H. Dorsey, business administrator.
Child Hygiene:
 J. W. Chapman, M. D., director.
Health Education:
 J. S. Rollins, LL. D., health educator.
Local Health Administration:
 John W. Williams, Jr., M. D., C. P. H., director.
Public Health Dentistry:
 A. O. Gruebbel, D. D. S., C. P. H., director.

Public Health Engineering:

W. S. Johnson, M. S., director.
Public Health Laboratories:
 C. F. Adams, M. D., director.
Public Health Nursing:
 Helena Dunham, R. N., director.
Vital Statistics:
 Thos. W. Chamberlain, director.
Publications:
 Morbidity Report—weekly.
 Monthly Report.
 Annual Report.

MONTANA DEPARTMENT OF PUBLIC HEALTH**Helena****Secretary and Executive Officer:****W. F. Cogswell, M. D.****Child Welfare, Division of:**

Edythe P. Hershey, M. D., director.

Communicable Diseases, Division of:**B. K. Kilbourne, M. D.,** epidemiologist and director.**County Health Work:****B. K. Kilbourne, M. D.,** epidemiologist and director.**Food and Drugs, Division of:****J. W. Forbes,** director.**Health Education:****Maud A. Brown,** director.**Hygienic Laboratory:****Edith Kuhns,** director.**Public Health Nursing:****Florence Whipple, R. N.,** supervisor.**Vital Statistics, Division of:****W. F. Cogswell, M. D.,** State registrar.**Water and Sewage, Division of:****H. B. Foote,** sanitary engineer and director.**Publications:**

Communicable Disease Report—weekly.

Report of Montana State Board of Health—biennial.

NEBRASKA DEPARTMENT OF HEALTH**Lincoln****Director of Health:****P. H. Bartholomew, M. D.****Community Sanitation:****Harry F. Glynn,** assistant director.**Dental Hygiene, Division of:****J. R. Thompson, D. D. S.,** director.**Laboratory, Division of:****L. O. Vose,** bacteriologist.**Maternal and Child Health, Division of:****R. H. Loder, M. D.,** director.**Public Health Engineer:****T. A. Filipi.****Public Health Nursing Consultant:****Eleanor Palmquist, R. N.****Tuberculosis, Survey of Human:****E. A. Rogers, M. D.,** director.**Veneral Disease, Division of:****E. G. Zimmerer, M. D.,** assistant epidemiologist.**Vital Statistics, Division of:****Jean Barrett,** registrar.**NEVADA STATE BOARD OF HEALTH****Carson City****State Health Officer:****Edward E. Hamer, M. D.****Dental Hygiene, Bureau of:****Q. S. McCall, D. D. S.,** director.**Hygienic Laboratory, State:****Mrs. Vera E. Young, B. S., C. P. H.,** director.**Maternal and Child Health and Crippled Children, Division of:****H. Earl Belnap, M. D.,** director.**Nurse, State Supervisory:****Mrs. Christie Thompson, R. N.****Public Health Engineering, Division of:****W. W. White, E. M., C. P. H.,** director.**Veneral Disease Control, Division of:*****B. H. Caples, M. D.,** director.**Vital Statistics, Division of:****John J. Sullivan, Jr., B. A., M. P. H.,** vital statistician.**Publications:**

Biennial Report of State Board of Health.

NEW HAMPSHIRE STATE BOARD OF HEALTH**Concord****Secretary and Executive Officer:****Travis P. Burroughs, M. D., C. P. H.****Crippled Children Services:****Mary M. Atchison, M. D., M. P. H.,** director.**Epidemiology and Local Health:****John S. Wheeler, M. D., C. P. H.,** director.**Laboratory of Hygiene, State:****Travis P. Burroughs, M. D., C. P. H.,** director.**Maternal and Child Health, Division of:****Mary M. Atchison, M. D., M. P. H.,** director.**Public Health Nursing, Division of:****Mary D. Davis, R. N.,** director.**Veneral Disease Control, Division of:****Alfred L. Frechette, M. D., M. P. H.,** director.**Chemistry and Sanitation, Division of:****Charles D. Howard, B. S.,** director.**Vital Statistics, Department of:****Travis P. Burroughs, M. D., C. P. H.,** registrar.**Publications:**

New Hampshire Health News—monthly.

New Hampshire Registration Report—biennially.

Report of the State Board of Health—biennially.

NEW JERSEY DEPARTMENT OF HEALTH**Trenton****Director:****J. Lynn Mahaffey, M. D.****Administration, Bureau of:****Edmund R. Outcalt,** chief.**Bacteriology, Bureau of:****John V. Mulcahy,** Graduate in Chem., chief.**Chemistry, Bureau of:****John E. Bacon, Ch. E.,** chief.**Food and Drugs, Bureau of:****Walter W. Scofield, B. S.,** chief.**Local Health Administration, Bureau of:****William H. MacDonald, M. S.,** chief.**Maternal and Child Health, Bureau of:****Julius Levy, M. D.,** consultant.**Sanitary Engineering, Bureau of:****Harry P. Croft, C. E.,** chief.**Sanitary Milk Control, Division of:****I. H. Shaw, D. V. M.,** veterinarian.**Sanitary Shellfish Control, Division of:****Edwin G. Applegate, B. S.,** senior chemist.**Veneral Disease Control, Division of:****Karl M. Scott, M. D.,** acting chief.**Vital Statistics, Bureau of:****David S. South,** registrar.**Publications:**

Annual Report.

Public Health News—bimonthly.

NEW MEXICO DEPARTMENT OF PUBLIC HEALTH

Santa Fe

Director:

E. B. Godfrey, M. D.

County Health Work, Division of:

C. H. Douthirt, M. D., director.

Maternal and Child Health:

Hester B. Curtis, M. D., M. P. H., director.

Public Health Engineer:

Paul S. Fox, M. S. in C. E.

Public Health Laboratory:

Myrtle Greenfield, M. A., director.

Public Health Nursing:

Fannie Warncke, R. N., director.

Venereal Disease Control officer:

E. F. McIntyre, M. D., C. P. H.

Vital Statistics:

Billy Tober, registrar.

Publications:

New Mexico Health Officer—quarterly.**Vital Statistics Bulletin—monthly.****Communicable Disease Report—weekly.**

NEW YORK STATE DEPARTMENT OF HEALTH

Albany

Commissioner:

Edward S. Godfrey, M. D.**Paul B. Brooks, M. D., deputy commissioner.**

Administrative Officer:

Edmund Schreiner, LL. B.

Administrative Finance Officer:

Clifford C. Shore.

Cancer Control, Division of:

Burton T. Simpson, M. D., director.

Communicable Diseases, Division of:

James E. Perkins, M. D., director.

Laboratories and Research, Division of:

Augustus B. Wadsworth, M. D., director.

Local Health Administration:

V. A. Van Volkenburgh, M. D., assistant commissioner.

Maternity, Infancy and Child Hygiene, Division of:

Elizabeth M. Gardiner, M. D., director.

Orthopedics, Division of:

Walter J. Craig, M. D., director.

Pneumonia Control, Bureau of:

Edward S. Rogers, M. D., C. P. H., chief.

Preventable Diseases:

Ernest L. Stebbins, M. D., assistant commissioner.

Public Health Education, Division of:

Burt R. Rickards, B. S., director.

Public Health Nursing, Division of:

Marion W. Sheahan, R. N., director.

Sanitation, Division of:

Charles A. Holmquist, B. S., director.

Syphilis Control, Division of:

William A. Brumfield, M. D., director.

Tuberculosis, Division of:

William Siegal, M. D., director.

Tuberculosis Hospitals:

Robert E. Plunkett, M. D., general superintendent.

Vital Statistics, Division of:

J. V. DePorte, Ph. D., director.

Publications:

Health News—weekly.**Vital Statistics Review—monthly.****Chats (Public Health Nurses)—monthly.****Annual Report.****District State Health Officers' Bulletin—monthly.**

NORTH CAROLINA STATE BOARD OF HEALTH

Raleigh

Secretary and State Health Officer:

Carl V. Reynolds, M. D.**G. M. Cooper, M. D., assistant State health officer.**

County Health Work:

R. E. Fox, M. D., director.

Epidemiology and Venereal Disease Control, Division of:

J. C. Knox, M. D., director.

Health Education, State:

Walter Wilkins, M. D., coordinator.

Health Education, Crippled Children Work, and

Maternal and Child Health Service, Division of:

G. M. Cooper, M. D., director.

Industrial Hygiene, Division of:

M. F. Trice, acting director.

Laboratories, Division of:

John H. Hamilton, M. D., director.

Oral Hygiene, Division of:

Ernest A. Branch, D. D. S., director.

Sanitary Engineering, Division of:

Warren H. Booker, C. E., director.

Vital Statistics, Division of:

R. T. Stimpson, M. D., director.

Publications:

The Health Bulletin—monthly.**Vital Statistics Reports—yearly.****Biennial Report.**

NORTH DAKOTA STATE DEPARTMENT OF HEALTH

Bismarck

State Health Officer:

Maysil M. Williams, M. D., C. P. H.

Child Hygiene, Division of:

August C. Orr, M. D., director.

Health Education:

Clare Gates, D. P. H., supervisor.

Laboratories, Division of:

Melvin E. Koons, M. S., C. P. H., director.

Local Health Work, Division of:

D. R. Gillespie, M. D., director.

Preventable Diseases, Division of:

John A. Cowan, M. D., director.

Public Health Nursing:

Margrete Skaarup, R. N., supervisor.

Sanitary Engineering, Division of:

Lloyd K. Clark, B. S. in C. E., B. S. in P. H.

Engineering, director.

Vital Statistics, Division of:

Margaret D. Lang, B. S., director.

Publications:

Biennial Report.**Weekly News Release.**

OHIO DEPARTMENT OF HEALTH

Columbus

State Director of Health:
R. H. Markwith, M. D.
 James E. Bateman, LL. B., assistant.
 Child Hygiene, Bureau of:
A. W. Thomas, M. D., chief.
 Communicable Disease, Division of:
Finley Van Orsdall, M. D., chief.
 Hospitals, Bureau of:
Mrs. Clara E. Reeder, R. N., chief.
 Laboratories, Division of:
Leo F. Ey, chief.
 Local Health Organization, Bureau of:
R. W. DeCrow, M. D., chief.
 Nutrition:
Martha Koehne, Ph. D., chief.
 Occupational Diseases, Bureau of:
K. D. Smith, M. D., chief.
 Plumbing, Bureau of:
Richard Barrett, chief inspector.

Public Health Nursing, Division of:
S. Gertrude Bush, C. P. H. N., R. N., chief.
 Sanitary Engineering, Division of:
Fred K. Waring, B. S. in S. E., B. S. in C. E., chief.
 Tuberculosis, Bureau of:
W. J. Smith, M. D., chief.
 Venereal Disease Control, Bureau of:
Neal D. Carter, M. D., acting chief.
 Vital Statistics, Division of:
I. C. Plummer, B. S., chief.
 Publications:
 Ohio Health News—monthly.
 Ohio Industrial Hygiene Bulletin—monthly.
 Ohio Sanitarian—quarterly.
 Ohio Conference on Water Purification—yearly.
 Ohio Conference on Sewage-Treatment—yearly.
 Morbidity Statistics Bulletin—bi-monthly.

OKLAHOMA DEPARTMENT OF PUBLIC HEALTH

Oklahoma City

Commissioner:
G. F. Mathews, M. D.
J. P. Folan, assistant.
 Environmental Sanitation:
H. J. Darcey, B. S. Eng., director.
 Epidemiology:
E. A. Gillis, M. D., epidemiologist.
 Laboratories:
W. M. Hayes, D. P. H., director.
 Local Health Service:
J. W. Shackelford, M. D., M. P. H., director.
 Malaria Control and Community Sanitation:
Emil L. Baldwin, director.
 Maternal and Child Hygiene:
P. J. Collopy, M. D., director.
 Milk Control:
Wm. J. Wyatt, B. A., director.

Nursing Division:
Myrtle J. Priddis, acting director.
 Preventive Dentistry:
F. P. Bertram, D. D. S., director.
 Public Health Education:
Hugh Payne, director.
 Tuberculosis Control:
R. H. Gingles, M. D., director.
 Venereal Disease Control:
Vance F. Morgan, M. D., director.
 Vital Statistics, Bureau of:
Jo. C. Rose, M. A., statistician.
 Publications:
 Annual Report.

OREGON STATE BOARD OF HEALTH

Portland

State Health Officer:
Frederick D. Stricker, M. D.
 County Health Units, Division of:
A. Edward Bostrom, M. D., director.
 Maternal and Child Health, Division of:
G. D. Carlyle Thompson, M. D., director.
 Oral Health, Division of:
Floyd H. DeCamp, D. D. S., director.
 Public Health Nursing, Division of:
Olive M. Whitlock, R. N., director.

Sanitary Engineering, Division of:
Carl E. Green, C. E., director.
 State Hygienic Laboratory:
William Levin, D. P. H., director.
 Venereal Disease Control, Division of:
Samuel D. Allison, M. D., director.
 Publications:
 Bulletin—weekly.
 Biennial Report.

PENNSYLVANIA DEPARTMENT OF HEALTH

Harrisburg

Secretary:
John J. Shaw, M. D.
A. H. Stewart, M. D., deputy.
 Accounts, Division of:
E. J. MacNamara, chief.
 Cancer Control:
Stanley P. Reimann, M. D., chief.
 Engineering, Bureau of:
W. L. Stevenson, C. E., director.
 Environmental Hygiene:
James Chester Bell, C. E., chief.
 Health Conservation, Bureau of:
J. Moore Campbell, M. D., director.
 Industrial Hygiene:
William B. Fulton, M. D., chief.
 Laboratories, Bureau of:
Verner Nisbet, M. D., director.
 Maternal and Child Health, Bureau of:
Paul Dodds, M. D., director.

Milk Sanitation, Bureau of:
Ralph E. Irwin, director.
 Pneumonia Control:
Dale C. Stahle, M. D., chief.
 Public Health Nursing, Bureau of:
Alice M. O'Halloran, R. N., director.
 Supplies, Division of:
Walter J. Heintzelman, chief.
 Syphilis and Genitoinfectious Diseases:
Edgar S. Everhart, M. D., chief.
 Tuberculosis Clinics:
S. J. Dickey, M. D., chief.
 Vital Statistics, Bureau of:
Frank P. Strome, M. D., director.
 Publications:
 Pennsylvania's Health—monthly.

PUERTO RICO DEPARTMENT OF HEALTH**San Juan****Commissioner:****Eduardo Garrido Morales, M. D., D. P. H.**

Antonio Arbona, M. D., assistant.

Pedro Malaret, M. D., assistant.

Biological Laboratory:

Oscar Costa Mandry, M. D., director.

Chemical Laboratory:

Rafael del Valle Sarraga, B. S., Ph. C., director.

Construction and Plumbing, Bureau of:

Jose Cantellops, S. E., chief.

Epidemiology and Vital Statistics, Division of:

Abel de Juan, M. D., C. P. H., chief.

Foods and Drugs:

Jose Rivera Mundo, Ph. C., chief.

General Sanitary Inspection:

W. F. Lippitt, M. D., chief.

Infant Hygiene, Bureau of:

Marta Robert de Romeu, M. D., chief.

Milk Supply, Division of:

F. Velez Lamela, chief.

Property and Accounts, Division of:

Rafael M. Mendez, Ph. G., chief.

Public Health Units:

Jose Chaves, M. D., medical director.

Rural Medical Dispensaries:

Ramon Berrios Berdecia, M. D., chief.

Sanitary Engineering:

Octavio Marciano, C. E., chief.

Social Welfare:

Beatriz Lassalle, S. W., chief.

Tuberculosis:

Jose Rodriguez Pastor, M. D., chief.

Veneral Diseases:

Ernesto Quintero, M. D., director.

Publications:

Puerto Rico Health Bulletin—monthly.

Report of the Commissioner of Health—yearly.

RHODE ISLAND DEPARTMENT OF PUBLIC HEALTH**Providence****Director:****Lester A. Round, Ph. D.****Communicable Disease Control:**

Morris L. Grover, M. D., M. P. H., chief.

Crippled Children's Division:

William A. Horan, M. D., chief.

Laboratory Division:

Edgar J. Staff, M. A., M. S., chief.

Maternal and Child Health:

Francis V. Corrigan, M. D., chief.

Narcotics and Pharmacy Division:

Joseph J. Cahill, acting chief.

Professional Examining Boards:

E. Clyde Thomas, acting chief.

Vital Statistics Division:

Genevieve Dolan, chief.

Publications:

Annual Report.

Registration Report—yearly.

SOUTH CAROLINA STATE BOARD OF HEALTH**Columbia****State Health Officer:****James A. Hayne, D. P. H., M. D.****Communicable Diseases, Department of:**

G. E. McDaniel, M. D., director.

Crippled Children, Division of:

H. G. Callison, M. D.

Hygienic Laboratory:

H. M. Smith, M. D., director.

Industrial Hygiene, Division of:

Harry F. Wilson, M. D.

Maternal and Child Health, Division of:

R. W. Ball, M. D., director.

Rural Sanitation and County Health Work, Director:

Ben F. Wyman, M. D., director.

Veneral Disease Control:

Sedgwick Simons, M. D., director.

Vital Statistics, Bureau of:

M. B. Woodward, M. D., director.

Publications:

Annual Report.

SOUTH DAKOTA STATE BOARD OF HEALTH**Pierre****State Health Officer:****J. F. D. Cook, M. D., F. A. C. S.**

G. J. VanHeuvelen, M. D., C. P. H., assistant.

Crippled Children:

Myrtle Carney, M. D., acting director.

Maternal and Child Health:

Viola Russell, M. D., director.

Nurses:

Florence W. Englesby, R. N., chief consultant.

Sanitary Engineering:

W. W. Towne, C. E., M. S., director.

Publications:

Vital Statistic Reports—monthly, yearly, biennial report.

Sanitary Engineering Department, The Clarifier—monthly.

TENNESSEE DEPARTMENT OF PUBLIC HEALTH

Nashville

Commissioner:

W. C. Williams, M. D., C. P. H.

R. H. Hutcheson, M. D., C. P. H., assistant.

Dental Hygiene Service:

P. E. Blackerby, Jr., D. D. S., director.

Field Technical Staff:

W. V. Sanford, M. D., C. P. H., director.

Industrial Hygiene Service:

Crit Pharris, M. D., C. P. H., director.

Laboratories, Division of:

W. H. Gaub, M. S., C. P. H., director.

Local Health Service:

R. H. Hutcheson, M. D., C. P. H., director.

Maternal and Child Hygiene Service:

John M. Saunders, M. D., C. P. H., director.

Preventable Diseases, Division of:

L. L. Lumsden, M. D., director.

Public Health Nursing Service:

Frances F. Hagar, R. N., director.

Sanitary Engineering, Division of:

Howard D. Schmidt, B. E., director.

Statistical Service:

Ruth R. Puffer, B. A., director.

Tuberculosis Field Service:

R. S. Gass, M. D., director.

Tuberculosis Hospitalization Service:

W. W. Hubbard, M. D., director.

Vital Statistics, Division of:

J. J. Wright, M. D., C. P. H., director.

Publications:

Health Briefs—monthly.

News Letter—monthly.

Monthly Morbidity Report.

Annual Report.

Biennial Report.

Vital Statistics Report.

Provisional Vital Statistics Report.

Morbidity Report.

TEXAS STATE DEPARTMENT OF HEALTH

Austin

State Health Officer:

Geo. W. Cox, M. D.

Dental Hygiene Work:

Ed. Taylor, D. D. S., director.

Food and Drugs:

F. D. Brock, Ph. G., director.

Hygienic Laboratories:

S. W. Bohls, M. D., director.

Industrial Hygiene:

Carl A. Nau, M. D., director.

Local and County Health Work:

G. W. Luckey, M. D., director.

J. W. E. H. Beck, M. D., director, local health service.

Malaria Control:

C. P. Coogle, M. D., director.

Maternal and Child Health:

J. M. Coleman, M. D., M. P. H., director.

Public Health Education:

L. E. Bracy, B. A., director.

Sanitary Engineering:

V. M. Ehlers, C. E., director.

Tuberculosis Control:

Howard E. Smith, M. D., director.

Venereal Disease Control:

A. M. Clarkson, M. D., C. P. H., director.

Vital Statistics:

W. A. Davis, M. D., State registrar.

Publications:

News Service—weekly.

Bulletin of State Department of Health—monthly.

Monthly Report.

Quarterly Report.

Yearly Report.

Biennial Report.

UTAH STATE BOARD OF HEALTH

Salt Lake City

Acting State Health Commissioner:

William M. McKay, M. D., M. P. H.

Communicable Disease Control:

William M. McKay, M. D., M. P. H., director.

Crippled Children:

Marcella McInnery, R. N., director.

Dental Health:

R. C. Dalglish, D. D. S., director.

Industrial Hygiene:

J. L. Jones, M. D., D. P. H., director.

Laboratories:

E. H. Bramhall, B. S., director.

Local Health Administration:

D. D. Carr, M. D., C. P. H., director.

Maternal and Child Health:

Lela J. Beebe, M. D., director.

Public Health Education:

D. C. Houston, B. S., M. B. A., director.

Public Health Nursing:

Lily Hagerman, R. N., C. P. H. N., director.

Sanitary Engineering:

Lynn M. Thatcher, B. S., director.

Venereal Disease Control:

Welby W. Bigelow, M. D., C. P. H., director.

Vital Statistics:

Eva W. Ramsey, director.

Publications:

Our Health—bimonthly.

Biennial report of the State Board of Health.

Communicable Disease Report—weekly.

VERMONT DEPARTMENT OF PUBLIC HEALTH

Burlington

Secretary and Executive Officer:

Chas. F. Dalton, M. D.

Crippled Children's Division:

Lillian Kron, R. N., director.

Laboratory of Hygiene:

Chas. F. Whitney, M. D., director.

Maternal and Child Health Division:

* P. D. Clark, M. D., director.

Public Health Nursing:

Nellie Jones, R. N., director.

Sanitary Engineering:

* Earle Waterman, C. E., director.

Tuberculosis Division:

H. W. Slocum, B. A., director.

Venereal Disease Division:

F. S. Kent, M. D., director.

Publications:

Crusader (TB)—monthly.

VIRGIN ISLANDS DEPARTMENT OF HEALTH

Charlotte Amalie

Commissioner of Health and Chief Municipal Physician, St. Thomas:
 *Knud Knud-Hansen, M. D., F. A. C. S.

Assistant Commissioner of Health and Chief Municipal physician, St. Croix:
 *Meredith Hoskins, M. D.
 Municipal Physician and Administrator, St. John:
 *George M. Hughes, M. D.

VIRGINIA DEPARTMENT OF HEALTH

Richmond

State Health Commissioner:
 I. C. Riggan, M. D., Sc. D.

Communicable Diseases, Bureau of:
 William Grossmann, M. D., director.

Crippled Children's Bureau:
 Edgar C. Harper, M. D., director.

Health Education, Division of:
 J. C. Funk, Sc. D., director.

Industrial Hygiene, Bureau of:
 W. D. Tillson, M. D., director.

Laboratories, Bureau of:
 Adah Corpening, director.

Maternal and Child Health, Bureau of:
 B. B. Bagby, M. D., director.

Mouth Hygiene, Bureau of:
 N. T. Ballou, D. D. S., director.

Public Health Nursing, Bureau of:
 Mary I. Mastin, R. N., director.

Rural Health, Bureau of:
 L. J. Roper, M. D., director.

Sanitary Engineering, Bureau of:
 Richard Messer, C. E., director.

Tuberculosis Out-Patient Service:
 Edgar C. Harper, M. D., director.

Veneral Disease Control, Division of:
 Edward M. Holmes, M. D., director.

Vital Statistics, Bureau of:
 Walter A. Plecker, M. D., director.

Publications:
 Annual Report.
 Virginia Health Bulletin—monthly.
 Health talks syndicated in Virginia newspapers—weekly.

WASHINGTON STATE DEPARTMENT OF HEALTH

Seattle

State Director of Health:
 Donald G. Evans, M. D., C. P. H.

R. H. Fletcher, M. D., M. P. H., assistant.

Epidemiology and Venereal Disease Control, Division of:
 L. A. Dewey, M. D., D. P. H., chief.

Health Education, Division of:
 Charles Hilton, M. A., chief.

Laboratories, Division of:
 A. U. Simpson, M. D., chief.

Local Health Administration:
 R. H. Fletcher, M. D., M. P. H., chief.

Maternal and Child Hygiene, Division of:
 Percy F. Guy, M. D., M. P. H., chief.

Public Health Engineering, Division of:
 Roy M. Harris, B. E., C. E., M. S., chief.

Public Health Nursing, Division of:
 Anna R. Moore, R. N., chief.

Tuberculosis Control Health Officer:
 K. M. Soderstrom, M. D.

Vital Statistics, Division of:
 Francis Dale Rhoads, M. A., State registrar.

Publications:
 Communicable Disease Report—weekly.
 Water Supply and Sewerage News—bimonthly.
 Annual Report.

WEST VIRGINIA DEPARTMENT OF HEALTH

Charleston

Commissioner:
 Arthur E. McClue, M. D.

Barbers and Beauticians, Bureau of:
 E. L. Peters, director.

Communicable Diseases, Division of:
 Albert M. Price, M. D., C. P. H., director.

County Health Work, Bureau of:
 Thomas H. Blake, M. D., C. P. H., director.

Hygienic Laboratory, State:
 Katharine E. Cox, director.

Industrial Hygiene, Bureau of:
 John F. Cadden, M. D., C. P. H., director.

Maternal and Child Hygiene, Division of:
 Thomas W. Nale, director.

Public Health Education and Public Relations, Bureau of:
 Dorothea Campbell, director.

Public Health Nursing, Bureau of:
 Mrs. Laurene C. Fisher, R. N., director.

Veneral Diseases, Bureau of:
 Charles N. Scott, M. D., director.

Vital Statistics, Division of:
 Franklin H. Reeder, M. B., director.

Publications:
 Biennial Report.
 Communicable Disease Report—weekly.
 The Sanitarian—quarterly.
 Community Sanitation Program Report—bi-weekly.

WISCONSIN STATE BOARD OF HEALTH**Madison**

State Health Officer:
Cornelius A. Harper, M. D.
 Carl N. Neupert, M. D., assistant.
 Barber and Beauty Parlor Divisions:
 Chas. E. Mullen, supervisor.
 Communicable Diseases:
 H. M. Guilford, M. D., director.
 Dental Education:
 F. A. Bull, D. D. S., supervisor.
 Hotel and Restaurant Division:
 B. A. Honeycombe, supervisor.
 Industrial Hygiene:
 Paul A. Brehm, M. D., supervisor.
 Maternal and Child Health:
 Amy L. Hunter, M. D., director.

Public Health Nursing:
 Cornelia van Kooy, R. N., supervisor.
 Nursing Education:
 Carrie May Dokken, R. N., acting supervisor.
 Sanitary Engineering:
 Louis F. Warrick, Ch. E., M. S., State sanitary engineer.
 Venereal Disease Control Officer:
 Milton Trautmann, M. D.
 Vital Statistics:
 Francis E. Kester, Ph. B., assistant registrar.
 Publications:
 Quarterly Bulletin.
 Communicable Disease Report—weekly.
 Biennial Report.

WYOMING DEPARTMENT OF PUBLIC HEALTH**Cheyenne**

State Health Officer:
M. C. Keith, M. D.
 Epidemiology:
 N. H. Savage, M. D., director.
 Maternal and Child Health, and Crippled Children:
 Margaret Jones, M. D., director.
 Sanitary Engineering:
 L. O. Williams, Jr., B. S.

State Laboratory:
 Philip R. Carlquist, B. A., C. P. H., director.
 Vital Statistics:
 Stanley G. Hanks, M. S., C. P. H., director.
 Publications:
 Report of Epidemiologist—weekly.
 Health Department Bulletin—monthly.
 Full Report of Health Department—biennial.

PROSECUTION OF PET SHOP OWNER FOR VIOLATION OF NEW YORK STATE SANITARY CODE

The Public Health Council of New York State established a regulation (Regulation 38, Ch. II, of the Sanitary Code), effective June 1, 1938, which prohibited the importation, breeding, or sale of birds of the parrot family within the State. The first prosecution under the provisions of this regulation occurred in July 1939, in Nassau County. In order to establish a precedent of the enforcement of the regulation, a representative of the health department, in the presence of witnesses, purchased a parrot in a pet shop, and evidence of the sale was presented to the district attorney's office. The pet shop proprietor was arrested and taken before the county district court. When confronted with the evidence the defendant pleaded guilty and was sentenced to 6 months in jail. Representatives of the State and county departments of health recommended leniency, and the sentence was suspended with the warning that if, in the future, there was any evidence of the presence of birds of the parrot family in the shop, the suspension would be revoked and the sentence enforced.

In order to facilitate prosecution of any future violations of this regulation in New York State, it was considered desirable to include in the regulation prohibition of the "offer" of birds of this family for sale. The health department recommended that the regulation be thus amended, and the Public Health Council adopted the amendment, effective October 1, 1939.

Federal regulations restricting the importation and interstate shipment of birds of the parrot family, aimed at preventing the spread of psittacosis in the United States, have been in effect for almost 10

years. On January 24, 1930, an Executive Order (No. 5264) was issued, and in accordance with this order the Secretary of the Treasury, on recommendation of the Surgeon General of the Public Health Service, issued regulations governing the importation of parrots. These regulations have since been revised to include all birds of the parrot family, and to require each commercial importation of such birds to be accompanied by a certificate from the duly constituted sanitary authority at the place of origin to the effect that the particular birds in the shipment, to the best of the knowledge and belief of the sanitary authority, originated from an aviary or other distribution establishment free from psittacosis infection, as determined by such inspection and laboratory examination as may be necessary. Commercial shipments of such birds are held in quarantine at certain designated ports for a 6-month period in order to enable the quarantine officer to make certain that the birds are free from psittacosis.

The interstate quarantine regulations prohibit the transportation of psittacine birds in interstate commerce unless the birds are at least 8 months old and are accompanied by a certificate of health issued by the health authority of the State of origin stating that to the best of his knowledge they are from a source free from psittacosis infection.

The States of New York and Connecticut and the cities of Baltimore, Md., and Pittsburgh, Pa., prohibit the importation of all psittacine birds, while California, Maine, Minnesota, and Oregon prohibit the importation of parrakeets.

State and Federal regulations have apparently been effective in curbing the spread of psittacosis in the United States, as indicated by a sharp decrease in the number of cases of this disease reported to the Public Health Service during the past few years. While 76 cases were reported during 1932, only 4 cases were reported during each of the years 1937 and 1938.

DEATHS DURING WEEK ENDED OCTOBER 7, 1939

[From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended Oct. 7, 1939	Correspond- ing week, 1938
Data from 88 large cities of the United States:		
Total deaths.....	7,366	7,740
Average for 3 prior years.....	¹ 7,840	-----
Total deaths, first 40 weeks of year.....	331,461	324,749
Deaths under 1 year of age.....	476	525
Average for 3 prior years.....	¹ 536	-----
Deaths under 1 year of age, first 40 weeks of year.....	20,056	21,115
Data from industrial insurance companies:		
Policies in force.....	66,619,958	68,290,970
Number of death claims.....	10,554	11,480
Death claims per 1,000 policies in force, annual rate.....	8.3	8.8
Death claims per 1,000 policies, first 40 weeks of year, annual rate.....	10.1	9.3

¹ Data for 86 cities.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers.

In these and the following tables, a zero (0) indicates a positive report and has the same significance as any other figure, while leaders (.....) represent no report, with the implication that cases or deaths may have occurred but were not reported to the State health officer.

Cases of certain diseases reported by telegraph by State health officers for the week ended Oct. 14, 1939, rates per 100,000 population (annual basis), and comparison with corresponding week of 1938 and 5-year median

Division and State	Diphtheria				Influenza				Measles			
	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median
NEW ENG.												
Maine.....	12	2	1	1	1	1	12	2	4	8
New Hampshire.....	0	0	0	0	162	16	0	2
Vermont.....	13	1	0	1	80	6	1	1
Massachusetts.....	6	5	1	2	51	43	39	24
Rhode Island.....	0	0	0	1	53	7	0	3
Connecticut.....	3	1	2	2	7	1	27	9	12	12
MID. ATL.												
New York.....	6	16	18	23	11	12	18	18	18	45	68	66
New Jersey.....	15	13	10	10	14	12	17	8	12	10	9	10
Pennsylvania.....	10	20	35	36	12	24	66	66
E. NO. CEN.												
Ohio.....	34	44	30	39	18	24	22	16	21	9	35
Indiana.....	31	21	29	29	13	17	16	11	14	14
Illinois.....	15	23	46	46	1	2	6	6	12	19	13	13
Michigan ¹	16	15	10	16	10	9	19	18	36	26
Wisconsin.....	2	1	0	5	44	25	63	25	23	13	66	33
W. NO. CEN.												
Minnesota.....	6	3	5	5	4	2	4	16	8	79	13
Iowa.....	22	11	17	7	14	7	13	4
Missouri.....	18	14	32	43	20	39	6	5	15	15
North Dakota.....	0	0	6	2	5	15	2	81	2
South Dakota.....	15	2	2	0	8	1	240	32	11	1
Nebraska.....	4	1	5	4	1	4	1	4	4
Kansas.....	6	2	7	8	8	3	1	1	73	26	3	3
SO. ATL.												
Delaware.....	20	1	0	0	20	1	2	2
Maryland ¹	25	8	4	8	34	11	7	7	19	6	25	4
Dist. of Col.....	49	6	6	10	0	0	3	1
Virginia ²	116	62	104	72	109	58	106	9	5	11	11
West Virginia.....	56	21	19	35	30	11	9	10	5	2	0	11
North Carolina ³	101	141	165	124	1	4	47	32	44	20
South Carolina ⁴	107	39	24	23	590	216	210	132	8	3	2	2
Georgia ⁴	81	49	54	32	27	16	44	12	7	3	0
Florida.....	24	8	10	11	3	1	6	2	1	1

See footnotes at end of table.

(1938)

Cases of certain diseases reported by telegraph by State health officers for the week ended Oct. 14, 1939, rates per 100,000 population (annual basis), and comparison with corresponding week of 1938 and 5-year median—Continued

Division and State	Diphtheria				Influenza				Measles			
	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median
E. SO. CEN.												
Kentucky.....	35	20	50	50	5	3	9	9	24	14	7	27
Tennessee ⁴	60	34	51	49	12	7	37	19	11	6	1	2
Alabama ⁴	53	30	56	44	40	23	23	22	9	5	4	4
Mississippi ¹	46	18	21	20								
W. SO. CEN.												
Arkansas.....	47	19	32	29	42	17	10	10	2	1	22	1
Louisiana ⁴	41	17	19	19	5	2	5	5	0	0	7	2
Oklahoma.....	20	10	24	11	87	43	28	26	0	0	1	1
Texas ⁴	28	34	58	58	116	140	53	64	31	37	15	15
MOUNTAIN												
Montana.....	140	15	3	1			4	21	608	65	57	22
Idaho.....	0	0	0	1	10	1	5	4	71	7	24	3
Wyoming.....	0	0	0	0					458	21	1	1
Colorado.....	48	10	19	11	29	6	26		19	4	6	11
New Mexico.....	0	0	15	3					12	1	2	14
Arizona.....	49	4	9	2	491	40	27	12	0	0	4	2
Utah ¹	10	1	0	0			1		70	7	6	5
PACIFIC												
Washington.....	0	0	0	0					771	250	18	18
Oregon.....	0	0	3	0	35	7	8	13	50	10	5	5
California ⁴	9	11	25	31	4	5	10	20	34	42	173	36
Total.....	80	753	1,027	1,027	32	687	769	595	34	853	988	988
41 weeks.....	16	16,284	20,333	20,333	179	155,313	50,717	107,576	348	352,687	766,491	674,351

Division and State	Meningitis, meningococcus				Pollomyelitis				Scarlet fever			
	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median
NEW ENG.												
Maine.....	0	0	0	0	6	1	0	2	12	2	7	15
New Hampshire.....	0	0	0	0	0	0	0	0	10	1	1	2
Vermont.....	0	0	0	0	67	5	0	0	94	7	7	6
Massachusetts.....	2.4	2	0	1	5	4	0	4	49	42	60	69
Rhode Island.....	0	0	0	0	0	0	0	0	23	3	5	9
Connecticut.....	3	1	0	1	12	4	2	2	53	18	20	20
MID. ATL.												
New York.....	0.8	2	4	7	24	61	5	11	50	124	121	179
New Jersey.....	1.2	1	1	0	11	9	4	4	57	48	48	45
Pennsylvania.....	2.5	5	3	3	18	35	0	7	82	161	176	174
E. NO. CEN.												
Ohio.....	0.8	1	2	2	5	6	1	18	131	171	221	221
Indiana.....	1.5	1	0	2	7	5	0	3	88	59	94	94
Illinois.....	0.7	1	3	4	5	7	1	16	81	123	218	218
Michigan ¹	2.1	2	4	2	43	41	3	18	152	144	233	156
Wisconsin.....	7	4	0	0	16	9	0	7	130	74	90	113
W. NO. CEN.												
Minnesota.....	0	0	0	0	60	31	1	3	118	61	53	53
Iowa.....	2	1	1	1	24	12	1	2	113	56	29	49
Missouri.....	0	0	1	1	1.3	1	0	3	58	45	95	95
North Dakota.....	0	0	0	0	0	0	0	0	80	11	23	26
South Dakota.....	0	0	0	0	8	1	0	1	203	27	11	13
Nebraska.....	0	0	0	0	8	2	0	1	31	8	6	16
Kansas.....	6	2	0	0	6	2	0	3	143	51	91	62

See footnotes at end of table.

Cases of certain diseases reported by telegraph by State health officers for the week ended Oct. 14, 1939, rates per 100,000 population (annual basis), and comparison with corresponding week of 1938 and 5-year median—Continued

Division and State	Meningitis, meningococcus				Poliomyelitis				Scarlet fever			
	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median
SO. ATL.												
Delaware.....	0	0	0	0	0	0	0	0	138	7	8	7
Maryland ²	0	0	1	2	9	3	0	2	93	30	23	37
Dist. of Col.....	0	0	0	1	0	0	1	1	32	4	10	10
Virginia ³	1.9	1	0	1	1.9	1	1	1	71	38	45	45
West Virginia.....	0	0	2	2	5	2	0	1	183	68	63	84
North Carolina ⁴	0	0	3	1	7	5	1	2	120	82	80	80
South Carolina ⁴	0	0	1	1	30	11	0	0	55	20	0	9
Georgia ⁴	3	2	0	0	1.7	1	1	2	75	45	32	31
Florida.....	3	1	0	1	0	0	1	1	12	4	8	8
E. SO. CEN.												
Kentucky.....	0	0	4	1	23	13	1	4	108	62	71	71
Tennessee ⁴	1.8	1	3	3	4	2	0	3	85	48	52	52
Alabama ⁴	4	2	1	1	0	0	1	1	77	44	25	17
Mississippi ⁴	0	0	0	0	0	0	0	2	48	19	19	15
W. SO. CEN.												
Arkansas.....	0	0	2	0	2.5	1	3	1	22	9	25	15
Louisiana ⁴	0	0	1	1	0	0	0	1	34	14	18	11
Oklahoma.....	2	1	0	0	4	2	0	0	20	10	27	19
Texas ⁴	1.7	2	2	1	7	8	0	2	26	31	51	37
MOUNTAIN												
Montana.....	0	0	0	0	0	0	0	2	225	24	22	22
Idaho.....	0	0	0	0	41	4	0	0	112	11	17	17
Wyoming.....	0	0	0	0	44	2	1	0	109	5	2	6
Colorado.....	0	0	1	0	53	11	3	1	106	22	20	20
New Mexico.....	0	0	0	0	235	19	0	0	99	8	9	9
Arizona.....	0	0	0	0	86	7	0	0	49	4	1	8
Utah ⁴	0	0	0	0	109	11	0	0	99	10	8	11
PACIFIC												
Washington.....	0	0	0	0	3	1	1	4	105	34	28	33
Oregon.....	0	0	2	0	25	5	0	2	50	10	45	35
California ⁴	0.8	1	0	1	25	30	4	25	67	82	98	118
Total.....	1.4	34	42	49	15	375	37	263	79	1,981	2,416	2,668
41 weeks.....	1.5	1,589	2,405	4,605	6	5,674	1,444	6,294	123	126,278	148,754	177,590

Division and State	Smallpox				Typhoid and paratyphoid fever				Whooping cough		
	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases
NEW ENG.											
Maine.....	0	0	0	0	12	2	0	2	471	78	32
New Hampshire.....	0	0	0	0	0	0	0	0	0	0	0
Vermont.....	0	0	0	0	0	0	0	0	255	19	46
Massachusetts.....	0	0	0	0	0	0	0	2	96	82	83
Rhode Island.....	0	0	0	0	0	0	0	0	38	5	27
Connecticut.....	0	0	0	0	12	4	2	1	205	69	41
MID. ATL.											
New York.....	0	0	0	0	8	20	8	15	94	234	338
New Jersey.....	0	0	0	0	4	3	4	5	104	87	162
Pennsylvania.....	0	0	0	0	10	20	26	27	103	202	188

See footnotes at end of table.

Cases of certain diseases reported by telegraph by State health officers for the week ended Oct. 14, 1939, rates per 100,000 population (annual basis), and comparison with corresponding week of 1938 and 5-year median—Continued

Division and State	Smallpox				Typhoid and paratyphoid fever				Whooping cough		
	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases	1934-38, median	Oct. 14, 1939, rate	Oct. 14, 1939, cases	Oct. 15, 1938, cases
E. NO. CEN.											
Ohio.....	0	0	0	0	6	8	7	22	180	234	125
Indiana.....	3	2	16	1	9	6	3	8	80	54	25
Illinois.....	0	0	1	1	12	19	15	24	117	179	380
Michigan ¹	0	0	0	0	4	4	7	11	117	111	187
Wisconsin.....	2	1	0	1	2	1	1	1	244	139	237
W. NO. CEN.											
Minnesota ¹	0	0	3	3	0	4	4	2	130	67	34
Iowa.....	0	0	2	2	4	2	6	10	24	12	13
Missouri.....	0	0	0	0	9	7	16	18	13	10	34
North Dakota.....	0	0	0	1	0	0	6	2	44	6	16
South Dakota.....	0	0	2	1	0	0	0	0	38	5	2
Nebraska.....	0	0	0	0	4	1	1	1	4	1	5
Kansas.....	0	0	0	0	22	8	4	4	20	7	19
SO. ATL.											
Delaware.....	0	0	0	0	0	0	1	2	59	3	5
Maryland ²	0	0	0	0	12	4	15	15	71	23	21
Dist. of Col.....	0	0	0	0	16	2	5	2	210	26	16
Virginia ³	0	0	0	0	7	4	10	13	37	20	8
West Virginia.....	0	0	0	0	13	5	12	17	46	17	14
North Carolina ⁴	1	1	0	0	13	9	18	15	80	55	90
South Carolina ⁴	0	0	0	0	27	10	8	11	52	19	43
Georgia ⁴	0	0	0	0	13	8	8	11	15	9	10
Florida.....	0	0	0	0	6	2	4	1	6	2	11
E. SO. CEN.											
Kentucky.....	0	0	0	0	24	14	15	29	78	45	19
Tennessee ⁴	0	0	0	0	26	15	5	12	49	28	21
Alabama ⁴	0	0	1	0	2	1	4	5	33	19	17
Mississippi ¹	0	0	0	0	10	4	5	5			
W. SO. CEN.											
Arkansas.....	2	1	0	0	22	9	22	8	45	18	10
Louisiana ⁴	0	0	0	0	19	8	8	8	126	52	9
Oklahoma.....	4	2	1	1	44	22	8	9	4	2	2
Texas ⁴	0	0	2	0	22	27	38	28	30	36	32
MOUNTAIN											
Montana.....	0	0	4	4	28	3	3	5	75	8	13
Idaho.....	0	0	1	0	0	0	3	3	31	3	5
Wyoming.....	0	0	0	0	22	1	0	0	0	0	2
Colorado.....	5	1	1	0	39	8	10	9	48	10	29
New Mexico.....	0	0	0	0	86	7	1	12	247	20	7
Arizona.....	0	0	4	0	25	2	4	3	86	7	10
Utah ¹	0	0	0	0	0	0	0	0	576	58	9
PACIFIC											
Washington.....	0	0	1	5	6	2	10	8	34	11	24
Oregon.....	0	0	2	2	5	1	1	2	80	16	9
California ⁴	2	3	1	0	15	18	13	13	68	83	122
Total.....	(*)	11	42	48	12	291	341	435	89	2,191	2,552
41 weeks.....	9	8,857	13,009	6,309	10	10,725	11,961	12,636	144	145,873	169,724

¹ New York City only.

² Period ended earlier than Saturday.

³ Rocky Mountain spotted fever, week ended Oct. 14, 1939: Virginia, 1 case.

⁴ Typhus fever, week ended Oct. 14, 1939, 79 cases as follows: North Carolina, 2; South Carolina, 11; Georgia, 24; Tennessee, 16; Alabama, 14; Louisiana, 3; Texas, 7; California, 2.

⁵ The number of cases of typhoid fever in Minnesota for the week ended Sept. 30, 1939, should have been given as 2 instead of 72 as shown in the Public Health Reports for Oct. 13, p. 1867.

* Less than one-half of 1 per 100,000.

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week.

State	Diph- theria	Influ- enza	Ma- laria	Mea- sles	Menin- gitis, menin- gococ- cus	Pel- lagra	Pollo- mye- litis	Scarlet fever	Small- pox	Ty- phoid and paraty- phoid fever
<i>July 1939</i>										
Puerto Rico.....	48	16	1,010	12	1	-----	2	0	0	49
<i>August 1939</i>										
Idaho.....	0	-----	1	8	2	-----	1	3	1	9
<i>September 1939</i>										
Arkansas.....	76	14	724	25	1	46	5	42	1	76
California.....	49	36	54	212	1	7	192	297	12	40
Maine.....	9	3	-----	40	0	1	0	27	0	10
New Jersey.....	8	14	1	32	-----	-----	121	123	0	35
South Dakota.....	12	17	-----	18	-----	-----	2	44	8	5
Texas.....	142	249	888	171	3	97	55	118	1	243
West Virginia.....	57	27	1	13	8	-----	6	178	9	73

<i>July 1939</i>		<i>September 1939—Continued</i>		<i>September 1939—Continued</i>	
Cases		Cases		Cases	
Puerto Rico:		Dysentery—Continued.		Rocky Mountain spotted fever:	
Chickenpox.....	34	West Virginia (bacil- lary).....	10	New Jersey.....	1
Dysentery.....	21	Encephalitis, epidemic or lethargic:		Septic sore throat:	
Leprosy.....	1	Arkansas.....	1	Arkansas.....	31
Mumps.....	1	California.....	16	California.....	8
Ophthalmia neonat- orum.....	1	New Jersey.....	3	New Jersey.....	11
Puerperal septicemia.....	6	Texas.....	6	West Virginia.....	4
Tetanus.....	15	West Virginia.....	5	Tetanus:	
Tetanus, infantile.....	2	Food poisoning:		Arkansas.....	3
Whooping cough.....	98	California.....	89	California.....	12
<i>August 1939</i>		German measles:		Maine.....	1
Idaho:		California.....	37	New Jersey.....	1
Chickenpox.....	12	Maine.....	2	Tularaemia:	
German measles.....	2	New Jersey.....	17	Arkansas.....	7
Mumps.....	7	Granuloma, coccidioidal:		California.....	2
Rabies in animals.....	1	California.....	4	Texas.....	16
Whooping cough.....	12	Jaundice, epidemic:		Typhus fever:	
<i>September 1939</i>		California.....	64	New Jersey.....	1
Anthrax:		Leprosy:		Texas.....	102
California.....	1	Texas.....	1	Trachoma:	
Texas.....	1	Mumps:		Arkansas.....	73
Chickenpox:		Arkansas.....	10	California.....	9
Arkansas.....	6	California.....	547	Texas.....	5
California.....	235	Maine.....	17	Trichinosis:	
Maine.....	25	New Jersey.....	139	Arkansas.....	5
New Jersey.....	60	South Dakota.....	22	California.....	5
South Dakota.....	20	Texas.....	58	Undulant fever:	
Texas.....	24	West Virginia.....	5	California.....	22
West Virginia.....	23	Ophthalmia neonatorum:		Maine.....	4
Dengue:		Arkansas.....	1	New Jersey.....	2
Texas.....	21	California.....	1	North Dakota.....	2
Dysentery:		New Jersey.....	9	Texas.....	38
Arkansas (amoebic).....	2	Puerperal septicemia:		Vincent's infection:	
Arkansas (bacillary).....	8	Arkansas.....	1	Maine.....	1
California (amoebic).....	17	Rabies in animals:		Whooping cough:	
California (bacillary).....	97	Arkansas.....	7	Arkansas.....	16
New Jersey (bacillary).....	2	California.....	26	California.....	406
Texas (amoebic).....	10	New Jersey.....	35	Maine.....	105
Texas (bacillary).....	131	Relapsing fever:		New Jersey.....	441
		California.....	5	South Dakota.....	20
		Texas.....	2	Texas.....	233
				West Virginia.....	34

CASES OF VENEREAL DISEASES REPORTED FOR AUGUST 1939

These reports are published monthly for the information of health officers in order to furnish current data as to the prevalence of the venereal diseases. The figures are taken from reports received from State and city health officers. They are preliminary and are therefore subject to correction. It is hoped that the publication of these reports will stimulate more complete reporting of these diseases

Reports from States

	Syphilis		Gonorrhea	
	Cases reported during month	Monthly case rates per 10,000 population	Cases reported during month	Monthly case rates per 10,000 population
Alabama.....	1,308	4.52	316	1.20
Arizona.....	232	5.63	158	3.83
Arkansas.....	1,110	5.42	370	1.56
California.....	3,146	5.11	1,720	2.79
Colorado.....	124	1.16	59	.55
Connecticut.....	191	1.10	92	.53
Delaware.....	232	8.89	70	2.68
District of Columbia.....	511	8.15	328	5.23
Florida.....	2,250	13.47	174	1.04
Georgia.....	1,750	5.67	32	.10
Idaho.....	23	.59	16	.32
Illinois.....	2,492	3.05	1,638	2.08
Indiana.....	489	1.41	133	.34
Iowa.....	269	1.05	145	.57
Kansas.....	351	1.78	127	.68
Kentucky.....	903	3.09	447	1.53
Louisiana.....	794	3.39	64	.39
Maine.....	34	.40	31	.35
Maryland.....	1,060	6.31	381	2.27
Massachusetts.....	367	.83	432	.98
Michigan.....	1,632	2.14	616	1.28
Minnesota.....	274	1.03	238	.90
Mississippi.....	2,805	13.86	2,627	12.99
Missouri.....	657	1.65	231	.58
Montana.....	57	1.06	44	.82
Nebraska.....	67	.49	62	.45
Nevada.....	65	6.44	28	2.77
New Hampshire.....	21	.41	2	.04
New Jersey.....	964	2.22	292	.67
New Mexico.....	169	4.00	50	1.18
New York.....	4,618	3.56	2,315	1.79
North Carolina.....	2,510	7.19	459	1.31
North Dakota.....	28	.40	30	.42
Ohio.....	1,137	1.69	446	.66
Oklahoma.....	902	3.54	238	.93
Oregon.....	105	1.02	119	1.16
Pennsylvania.....	1,444	1.42	138	.14
Rhode Island.....	117	1.72	47	.69
South Carolina.....	1,320	7.04	304	1.62
South Dakota.....	19	.27	34	.49
Tennessee.....	968	3.35	443	1.53
Texas.....	2,771	4.49	980	1.59
Utah.....	13	.25	43	.83
Vermont.....	13	.34	14	.37
Virginia.....	1,465	5.19	360	1.33
Washington.....	266	1.60	355	2.14
West Virginia.....	281	1.51	156	.84
Wisconsin.....	45	.15	155	.53
Wyoming.....	36	1.53	10	.43
Alaska.....	6	.96	29	4.63
Hawaii.....	60	1.48	59	1.46
Total.....	41,617	3.21	17,637	1.37

Reports from cities of 200,000 population or over

	Syphilis		Gonorrhea	
	Cases reported during month	Monthly case rates per 10,000 population	Cases reported during month	Monthly case rates per 10,000 population
Akron, Ohio.....	47	1.71	37	1.35
Atlanta, Ga.....	340	11.32	85	2.83
Baltimore, Md.....	688	8.24	285	3.41
Birmingham, Ala.....	307	10.43	63	2.14
Boston, Mass.....	142	1.79	154	1.94
Buffalo, N. Y.....	85	1.41	71	1.18
Chicago, Ill.....	2,402	6.55	1,638	4.47
Cincinnati, Ohio.....	181	3.83	112	2.37
Cleveland, Ohio.....	180	1.91	119	1.26
Columbus, Ohio.....	56	1.79	4	.13
Dallas, Tex.....	337	11.09	162	5.33
Dayton, Ohio.....	50	2.26	18	.81
Denver, Colo.....	61	2.02	35	1.16
Detroit, Mich.....	532	2.93	312	1.72
Houston, Tex.....	357	9.96	149	4.16
Indianapolis, Ind.....	13	.34	34	.88
Jersey City, N. J.....	25	.77	17	.52
Kansas City, Mo. ¹				
Los Angeles, Calif. ¹				
Louisville, Ky.....	258	7.61	99	2.92
Memphis, Tenn.....	239	8.18	142	4.86
Milwaukee, Wis. ¹				
Minneapolis, Minn.....	55	1.10	67	1.34
Newark, N. J.....	244	5.37	144	3.17
New Orleans, La. ¹				
New York, N. Y.....	3,486	4.65	1,708	2.28
Oakland, Calif.....	62	1.98	71	2.27
Omaha, Nebr.....	23	1.03	12	.54
Philadelphia, Pa.....	437	2.18		
Pittsburgh, Pa. ¹				
Portland, Ore.....	33	1.03	48	1.50
Providence, R. I.....	51	1.96	20	.77
Rochester, N. Y.....	31	.91	43	1.26
St. Louis, Mo. ¹				
St. Paul, Minn.....	40	1.39	27	.94
San Antonio, Tex. ¹				
San Francisco, Calif.....	178	2.58	208	3.89
Seattle, Wash.....	115	2.97	110	2.84
Syracuse, N. Y. ¹				
Toledo, Ohio.....	45	1.45	4	.13
Washington, D. C.....	511	8.15	328	5.23

¹ No reports received from Kansas City, Mo., Los Angeles, Milwaukee, New Orleans, Pittsburgh, St. Louis, San Antonio, or Syracuse.

WEEKLY REPORTS FROM CITIES

City reports for week ended Oct. 7, 1939

This table summarizes the reports received weekly from a selected list of 140 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table.

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Smallpox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Data for 90 cities:											
5-year average	170	76	21	180	387	611	4	336	67	946	
Current week ¹	99	45	14	193	255	358	1	282	33	717	
Maine:											
Portland	0		0	0	0	0	0	0	0	6	22
New Hampshire:											
Concord	0		0	3	2	0	0	0	0	0	8
Manchester	0		0	0	1	0	0	0	0	0	12
Nashua	0		0	0	0	0	0	0	0	0	4
Vermont:											
Barre	0		0	0	0	0	0	0	0	0	2
Burlington	0		0	0	0	0	0	0	0	0	12
Rutland	0		0	0	0	0	0	0	0	0	8
Massachusetts:											
Boston	0		0	6	11	15	0	4	1	15	182
Fall River	1		0	0	1	0	0	2	0	2	25
Springfield	0		0	0	0	1	0	0	0	1	25
Worcester	0		0	0	1	0	0	0	0	11	30
Rhode Island:											
Pawtucket	0		0	0	0	1	0	0	0	0	11
Providence	0		1	15	2	3	0	0	0	10	60
Connecticut:											
Bridgeport	0		0	0	0	1	0	1	0	0	17
Hartford	0		0	0	0	1	0	2	0	6	33
New Haven	0	1	0	2	1	3	0	0	1	2	29
New York:											
Buffalo	0		0	1	3	7	0	5	0	8	154
New York	12	4	1	12	44	23	0	66	5	92	1,244
Rochester	0		0	0	0	0	0	1	0	4	53
Syracuse	0		0	0	3	2	0	0	0	16	45
New Jersey:											
Camden	0		0	0	0	5	0	1	0	0	22
Newark	1		0	1	4	4	0	4	1	19	76
Trenton	0		0	0	0	1	0	4	0	0	39
Pennsylvania:											
Philadelphia	2		0	3	11	12	0	17	3	78	398
Pittsburgh	2		0	1	12	5	0	7	0	14	163
Reading	1		0	0	0	0	0	0	0	0	19
Scranton	0			0		3	0		0	0	
Ohio:											
Cincinnati	18		0	0	2	9	0	3	0	7	
Cleveland	3	8	0	2	11	24	0	5	1	60	154
Columbus	0	1	1	0	1	3	0	1	0	0	83
Toledo	0		0	1	4	21	0	5	1	4	59
Indiana:											
Anderson	0		0	0	0	1	0	0	0	1	10
Fort Wayne	0		0	0	0	2	1	0	0	0	22
Indianapolis	3		0	0	2	5	0	4	0	13	78
Muncie	0		0	0	0	1	0	0	0	0	6
South Bend	0		0	0	0	0	0	0	0	0	20
Terre Haute											
Illinois:											
Alton	2		0	0	0	1	0	0	0	0	9
Chicago	6	2	0	5	16	44	0	32	5	73	622
Elgin	0		0	0	0	1	0	0	0	0	4
Moline	0		0	0	0	1	0	0	0	0	6
Springfield	1		0	2	0	1	0	0	0	1	
Michigan:											
Detroit	2		1	3	7	41	0	11	1	35	234
Flint	0		0	1	2	4	0	1	0	0	27
Grand Rapids	0		0	2	0	1	0	1	0	0	26
Wisconsin:											
Kenosha	0		0	0	0	0	0	0	0	7	7
Madison	1		0	1	1	3	0	0	1	7	6
Milwaukee	0	1	1	1	3	17	0	3	0	16	93
Racine	0		0	1	0	2	0	0	0	1	11
Superior	0		0	0	0	1	0	0	0	0	5

¹ Figures for Terre Haute, Springfield, and Boise estimated; reports not received.

City reports for week ended Oct. 7, 1939—Continued

State and city	Diph- theria cases	Influenza		Meas- les cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
Minnesota:											
Duluth.....	0		0	0	0	0	0	1	0	0	19
Minneapolis.....	0		0	0	0	6	0	0	0	23	86
St. Paul.....	0		0	0	4	5	0	1	0	25	44
Iowa:											
Cedar Rapids.....	0			0		1	0		0	2	
Davenport.....	0			0		1	0		0	1	
Des Moines.....	3		0	1	0	13	2	0	0	0	26
Sioux City.....	0			1		2	0		0	3	
Waterloo.....	5			1		4	0		0	0	
Missouri:											
Kansas City.....	0		0	3	4	10	0	4	0	2	91
St. Joseph.....	0		0	0	0	1	0	1	0	0	21
St. Louis.....	4		0	0	1	8	0	4	0	9	200
North Dakota:											
Fargo.....	1		0	0	2	0	0	0	0	0	7
Grand Forks.....	0			0		0	0		0	1	
Minot.....	0		0	0	0	0	0	0	0	0	5
South Dakota:											
Aberdeen.....	0			0		0	0		0	0	
Sioux Falls.....	0		0	0	0	7	0	0	0	0	9
Nebraska:											
Lincoln.....	0			0		0	0		0	1	
Omaha.....	0		1	0	2	1	0	1	0	2	70
Kansas:											
Lawrence.....	0		0	0	0	0	0	0	0	0	6
Topeka.....	0		0	0	3	3	0	1	0	0	22
Wichita.....	0		0	2	3	4	0	2	0	1	37
Delaware:											
Wilmington.....	0		0	0	1	0	0	0	0	1	12
Maryland:											
Baltimore.....	0	1	1	1	4	1	0	6	1	49	174
Cumberland.....	0		0	0	1	1	0	1	0	0	11
Frederick.....	0		0	0	0	1	0	0	0	0	3
Dist. of Col.:											
Washington.....	3		0	0	10	8	0	8	0	14	153
Virginia:											
Lynchburg.....	7		0	0	1	0	0	0	1	3	15
Norfolk.....	1		0	0	0	2	0	1	0	1	7
Richmond.....	1		1	0	4	5	0	2	1	0	38
Roanoke.....	1		0	0	0	2	0	1	1	0	12
West Virginia:											
Charleston.....	0		0	0	0	0	0	0	0	0	20
Huntington.....	3			0		0	0		1	0	
Wheeling.....	0		0	1	0	1	0	0	0	2	20
North Carolina:											
Gastonia.....	0			0		0	0		0	0	
Raleigh.....	3		0	0	0	1	0	0	0	1	13
Wilmington.....	1		0	0	0	0	0	0	0	0	9
Winston-Salem.....	0		0	1	1	7	0	2	1	0	23
South Carolina:											
Charleston.....	0	9	1	0	1	0	0	3	1	0	29
Florence.....	1	6	0	2	1	0	0	0	0	1	12
Greenville.....	0		0	0	0	0	0	0	0	0	11
Georgia:											
Atlanta.....	1	11	0	0	3	2	0	7	0	0	74
Brunswick.....	0		0	0	1	0	0	0	0	1	4
Savannah.....	3	3	0	0	0	0	0	2	0	0	28
Florida:											
Miami.....	0	1	1	0	2	1	0	3	0	0	27
Tampa.....	0		0	0	0	1	0	0	0	0	24
Kentucky:											
Ashland.....	0		0	0	0	0	0	0	0	0	4
Covington.....	0		0	0	3	0	0	3	0	0	22
Lexington.....	1		0	0	1	0	0	1	0	0	16
Tennessee:											
Knoxville.....	5		1	0	0	3	0	0	0	0	27
Memphis.....	0		2	0	2	1	0	2	0	9	74
Nashville.....	3		0	1	2	2	0	2	0	5	36
Alabama:											
Birmingham.....	0		0	0	3	4	0	3	0	0	68
Mobile.....	1		0	0	0	2	0	1	1	0	28
Montgomery.....	2	1		0		2	0		0	0	
Arkansas:											
Fort Smith.....	0			0		0	0		0	0	
Little Rock.....	0			0	4	0	0	2	0	0	

City reports for week ended Oct. 7, 1939—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Smallpox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Louisiana:											
Lake Charles	0		0	0	0	0	0	0	0	0	1
New Orleans	5	1	1	3	11	2	0	12	2	1	146
Shreveport	0		0	0	4	0	0	1	0	0	52
Oklahoma:											
Oklahoma City	1	1	0	0	4	1	0	1	0	0	44
Tulsa	0			0		1	2		0	0	
Texas:											
Dallas	6		0	1	2	3	0	4	0	0	59
Fort Worth	1		0	0	0	4	0	0	0	1	24
Galveston	0		0	0	1	0	0	1	0	0	17
Houston	1		0	0	7	0	0	2	1	0	86
San Antonio	0		2	0	4	0	0	5	0	5	57
Montana:											
Billings	0		0	0	2	0	0	0	0	0	7
Great Falls	0		0	3	0	0	0	0	0	1	5
Helena	0		0	0	1	0	0	0	0	0	5
Missoula	0		0	0	1	1	0	0	0	0	8
Idaho:											
Boise											
Colorado:											
Denver	2		0	3	4	0	0	4	0	5	77
Pueblo	0		0	0	0	2	0	0	1	2	8
New Mexico:											
Albuquerque	0		0	0	2	0	0	3	1	0	15
Utah:											
Salt Lake City	0		0	0	2	2	0	2	0	22	37
Washington:											
Seattle	0		0	11	0	3	0	2	0	2	79
Spokane	0		0	4	0	4	0	1	1	0	30
Tacoma	0		0	91	1	0	0	0	0	0	33
Oregon:											
Portland	0	1	1	3	4	7	0	4	0	5	91
Salem	0			18		0			0	0	
California:											
Los Angeles	3	6	0	6	3	16	0	14	2	22	334
Sacramento	1		0	0	4	2	0	0	0	0	33
San Francisco	0		0	3	8	5	0	3	0	5	164

State and city	Meningitis, meningococcus		Polio- mye- litis cases	State and city	Meningitis, meningococcus		Polio- mye- litis cases
	Cases	Deaths			Cases	Deaths	
Vermont:				Iowa:			
Burlington.....	0	0	1	Des Moines.....	0	0	7
Massachusetts:				Kansas:			
Fall River.....	1	0	0	Wichita.....	1	0	0
Worcester.....	0	0	3	Maryland:			
Connecticut:				Baltimore.....	1	1	2
Bridgeport.....	0	0	1	District of Columbia:			
New York:				Washington.....	1	0	1
Buffalo.....	0	0	23	Virginia:			
New York.....	0	0	8	Norfolk.....	1	0	0
Rochester.....	0	0	1	Georgia:			
New Jersey:				Savannah.....	0	0	1
Camden.....	0	0	1	Kentucky:			
Trenton.....	1	1	0	Covington.....	0	0	1
Pennsylvania:				Louisiana:			
Philadelphia.....	0	0	15	Shreveport.....	0	1	0
Pittsburgh.....	0	0	6	Texas:			
Ohio:				Dallas.....	0	0	1
Cleveland.....	0	0	1	Houston.....	1	0	2
Columbus.....	0	0	2	Colorado:			
Toledo.....	0	0	1	Denver.....	1	1	1
Illinois:				Pueblo.....	0	0	1
Chicago.....	1	0	2	New Mexico:			
Michigan:				Albuquerque.....	0	0	1
Detroit.....	2	0	15	Utah:			
Wisconsin:				Salt Lake City.....	0	0	2
Milwaukee.....	0	0	2	Oregon:			
Minnesota:				Portland.....	0	0	1
Duluth.....	0	0	1	California:			
Minneapolis.....	0	0	13	Los Angeles.....	0	1	6
St. Paul.....	0	0	8	Sacramento.....	0	0	1
				San Francisco.....	0	0	3

Encephalitis, epidemic or lethargic.—Cases: Toledo, 1; Chicago, 1; Wichita, 4.

Pellagra.—Cases: Chicago, 1; Baltimore, 1; Charleston, S. C., 1; Florence, 2; Atlanta, 1; Savannah, 2; Miami, 2; Memphis, 1; Dallas, 1.

Typhus fever.—Cases: Charleston, S. C., 2; Atlanta, 4; Savannah, 2; Tampa, 1; Nashville, 11; Mobile, 1; Lake Charles, 1; Dallas, 1; Galveston, 1.

FOREIGN REPORTS

BRAZIL

Rio de Janeiro—Poliomyelitis.—A report dated October 16, 1939, states that for the week ended October 7, 1939, 9 new cases of poliomyelitis were reported in Rio de Janeiro, Brazil. During the month of September 1939, 2 deaths from this disease occurred.

SWEDEN

Notifiable diseases—August 1939.—During the month of August 1939, cases of certain notifiable diseases were reported in Sweden, as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis.....	2	Poliomyelitis.....	46
Diphtheria.....	10	Scarlet fever.....	1,559
Dysentery.....	45	Syphilis.....	37
Epidemic encephalitis.....	1	Typhoid fever.....	19
Gonorrhea.....	1,335	Undulant fever.....	11
Paratyphoid fever.....	68	Weill's disease.....	4

VIRGIN ISLANDS

Notifiable diseases—July–September 1939.—During the months of July, August, and September 1939, cases of certain notifiable diseases were reported in the Virgin Islands, as follows:

Disease	July	August	Sep- tember	Disease	July	August	Sep- tember
Chickenpox.....		1		Pneumonia.....		2	
Filariasis.....	1	12	6	Schistosomiasis.....	2		
Gonorrhea.....	17	10	26	Syphilis.....	12	17	31
Hookworm disease.....	2	4	4	Tetanus.....	1		
Leprosy.....	2			Trachoma.....			2
Pellagra.....		1	1	Tuberculosis.....		6	4

YUGOSLAVIA

Communicable diseases—4 weeks ended September 10, 1939.—During the 4 weeks ended September 10, 1939, certain communicable diseases were reported in Yugoslavia, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Anthrax.....	109	8	Poliomyelitis.....	18	2
Cerebrospinal meningitis.....	10	4	Scarlet fever.....	236	1
Diphtheria and croup.....	548	42	Sepsis.....	6	
Dysentery.....	412	35	Tetanus.....	49	18
Erysipelas.....	150	6	Typhoid fever.....	511	37
Favus.....	7		Typhus fever.....	7	
Paratyphoid fever.....	69		Weill's disease.....	2	1

TYPHUS FEVER

[C indicates cases; D, deaths; P, present]

Place	Feb. 26- Mar. 25, 1939	Mar. 26- Apr. 25, 1939	Apr. 30- May 27, 1939	Week ended—																
				June 1939				July 1939				August 1939				September 1939				
				3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23
Algeria:																				
Algiers Department.....	C																			
Algers.....	C	29	21	25	12	28	25	9	18				21	6	7	4	12	7	6	35
Constantine Department.....	C	16	5	22	7				2				4							
Bone.....	C	164	195	188	43	43	56	56	33				78	13	11	10	2	3	3	3
Constantine.....	C	2	9	1																
Philippeville.....	C	7	39	52	3	31			6				51	6	6					
Oran Department.....	C	14	2	9	4			1												
Southern Territories.....	C	29	31	28	7	5	21	6	7				1	2	4	5				
Australia:																				
Brisbane.....	C	21	13	62	17		4													
Queensland.....	C	1						1	1											
Bolivia. (See table below.)	C		5	1						4										
British East Africa: Kenya.....	C		1																	
Bulgaria. (See table below.)																				
Chile.....	C	43	28	49	23	36	56	75	106	115	114	3	8							
Antofagasta Province.....	C		2	5	2	1		2	6			1								
Bio Bio Province.....	C	5	2																	
Cautin Province.....	C	1																		
Coquimbo Province.....	C	2																		
Curico Province.....	C			1					1											
Nuble Province.....	C	4	7								2	1								
Santiago Province.....	C	25	14	33	15	33	54		92	113	104	1	1							
Valdivia Province.....	C		1	1	4			1												
Valparaiso.....	C		1	1					1	1		1	3	1	1					3
China (see also table below):																				
Dairen.....	C		2									2		3	2					
Hankow.....	C																			
Shanghai.....	C		2				1		7	14	8	10	10	9						
Tientsin.....	C		3	1				12												
Chosen (Korea). (See table below.)																				
Egypt:																				
Alexandria.....	C	3	13	26	9	3				1	2		1		1		1			
Asyut Province.....	C		14	15	3		2													
B. heira Province.....	C	44	109	64	7	6	3	5	8	7	15	1	2	9	2	3	3	1		
Beni Suef.....	C																			
Cairo.....	C	31	37	9	2			3												
Dakahlia Province.....	C																			
Fayum Province.....	C	106	178	196	54	37	31	19	31	23	11	10	2	4	8	3				

1 Suspected.

WORLD DISTRIBUTION OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

TYPHUS FEVER—Continued

[C indicates cases; D, deaths; P, present]

Place	March 1939	April 1939	May 1939	June 1939	July 1939	August 1939	Place	March 1939	April 1939	May 1939	June 1939	July 1939	August 1939
Bolivia:							Mexico—Continued.						
Cochabamba Department...	1						Mexico State				21		17
De Beni Department...							Michoacan State				10		5
La Paz Department...		10	11	7	2		Nuevo Leon State						1
Oruro Department...		1	1		3		Oaxaca State				22		16
Potosi Department...	7	11	2	4	2		Puebla State				24		24
Santa Cruz Department...			2		1		Queretaro State				14		1
Tarija Department...	1						San Luis Potosi				12		2
Bulgaria		14		8			Sonora State	3					1
China: Manchuria—Harbin	23	4	16	14			Tabasco State				1		
Chosen (Korea)	106		290	156			Thaxcala State				1		3
Guatemala	25	14	4	8	9	21	Vera Cruz State				3		3
Latvia		1					Yucatan State						1
Lithuania	32	23	6				Zacatecas State				17		14
Mexico (see also table above):							Panama Canal Zone			1	1		
Aguascalientes	2			4		14	Peru	107					
Chihuahua State	1						Rumania	205			40	13	
Coahuila State				1			Spain		28	4	14	9	7
Durango State				2		5	Turkey		62	49	35	15	
Guadalajara State				2		12	Istanbul	57	4	4	3		
Guerrero State				2			Union of South Africa:						
Hidalgo State				2			Cape Province	17	32	127			
Jalisco State	1			15		19	Natal	2	35	7	7		
Mexico, D. F.	9			3		7	Orange Free State	3	3	4	4		
	3			27		7	Transvaal	16	16	13	13		
		3		11		9	Venezuela: Bolivar		1	3			3

* For May and June.

* For July and August.

YELLOW FEVER

[C indicates cases; D, deaths; P, present]

Place	Feb. 26— Mar. 26, 1939	Mar. 26— Apr. 26, 1939	Apr. 26— May 27, 1939	Week ended—													
				June 1939				July 1939				August 1939				September 1939	
				3	10	17	24	1	8	15	22	29	5	12	19	26	2
Brazil: 1																	
Amazonas State.....																	
Bahia State.....																	
Espirito Santo State.....		28															
Minas Geraes State.....	3	2															
Para State.....																	
Rio de Janeiro State.....																	
Cameroun: Bafia.....	1																
Colombia: Antioquia Department:																	
Caracoli.....																	
San Carlos.....	1																
Dahomey: Bobicon. ⁴																1	1
French Equatorial Africa:																	
Bangui.....																	
Gabon.....																	
French Guinea.....																	
Gold Coast.....		1															
Ivory Coast. ⁴		3															
Nigeria.....			5														
Niger Territory:	1																
Konni Circle.....																	
Tahua.....				3													
Senegal:																	
Bamby.....																	
Diourbel.....																	
Ziguinchor.....				1													
				6													
				10													
				5													
Sudan (French): Bandiagara.....				1													

¹ See also reports of yellow fever in Brazil in preceding issues of the PUBLIC HEALTH REPORTS.² Jungle type.³ Exact date not given.⁴ During the week ended Oct. 7, 1939, 1 suspected case of yellow fever was reported in Bobioun, Dahomey.⁵ Suspected.⁶ During the week ended Oct. 14, 1939, 1 case of yellow fever was reported in Seguela, Ivory Coast.⁷ Includes 1 suspected case.⁸ Includes 4 suspected cases.

X